Arizona Department of Insurance

ANNUAL TAX AND FEES DATA SHEET

for the calendar year ended December 31, **2015**

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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-page Data Sheet that pertains to the taxpayer. You should not print all of the Data Sheet pages. The page number that you need to print is 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.

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 Yepez with the INSURANCE TAX UNIT at syepez@azinsurance.gov, or by calling (602) 364-3997.

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	901	WESTERN GROWERS ASSURANCE TRUST

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: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**CA**	**Business Type**	**CE**	CERTIFICATE OF EXEMPTION ARS 20-401.05
		Entity Type	**EB**	EMPLOYEE BENEFIT TRUST/VOLUNTARY EB ASSN

FEES

Certificate of Authority Renewal Fee		**$0.00**
Annual Statement Filing Fee	Code 40:	**$87.50**
	TOTAL:	**$87.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	902	UNITED AGRICULTURAL EMPL. WELFARE BENEFIT PLAN & TRUST

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: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CE	CERTIFICATE OF EXEMPTION ARS 20-401.05
		Entity Type	EB	EMPLOYEE BENEFIT TRUST/VOLUNTARY EB ASSN

FEES

Certificate of Authority Renewal Fee		$0.00
Annual Statement Filing Fee	Code 40:	$87.50
	TOTAL:	**$87.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	3000	UNIONAMERICA INSURANCE COMPANY LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	3008	UNDERWRITERS AT LLOYD'S LONDON

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	LL	LLOYDS ASSOCIATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	3009	CX REINSURANCE COMPANY LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	3018	TORUS INSURANCE (UK) LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	3022	MARKEL BERMUDA LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NJ**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	3023	ENDURANCE SPECIALTY INSURANCE LTD.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10006	PARTNERRE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10006-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10006-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10007	NEVADA GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,263.68
4/15/2015		$1,263.68
5/15/2015		$1,263.68
6/15/2015		$1,263.68
7/15/2015		$1,263.68
8/15/2015		$1,263.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,582.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10007-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10007-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
Auto Theft Authority Assessment for 463 vehicles covered during 7/1/2014 to 12/31/2014		**$231.50**
Auto Theft Authority Assessment for 544 vehicles covered during 1/1/2015 to 6/30/2015		**$272.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10014	AFFILIATED FM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$23,640.21
4/15/2015		$23,640.21
5/15/2015		$23,640.21
6/15/2015		$23,640.21
7/15/2015		$23,640.21
8/15/2015		$23,640.21
	TOTAL INSTALLMENTS PAID IN 2015:	**$141,841.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10014-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10019	CLEARWATER SELECT INSURANCE COMPANY

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: 3/1/2016

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:	$135.00
Annual Statement Filing Fee	Code 28:	$300.00
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10020	UNITED EDUCATORS INSURANCE, A RECIPROCAL RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$355.78	
4/15/2015		$355.78	
5/15/2015		$355.78	
6/15/2015		$355.78	
7/15/2015		$355.78	
8/15/2015		$355.78	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,134.68**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10023	ALLIANCE OF NONPROFITS FOR INSURANCE, RISK RETENTION GR

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10030	WESTCHESTER FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$31,064.58
4/15/2015		$31,064.58
5/15/2015		$31,064.58
6/15/2015		$31,064.58
7/15/2015		$31,064.58
8/15/2015		$31,064.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$186,387.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10030-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10030-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10051	LYNDON SOUTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$889.97
4/15/2015		$889.97
5/15/2015		$889.97
6/15/2015		$889.97
7/15/2015		$889.97
8/15/2015		$889.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,339.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10051-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10051-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10051-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
Auto Theft Authority Assessment for 1,824 vehicles covered during 1/1/2015 to 6/30/2015		**$912.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10052	CHUBB NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$367.91
4/15/2015		$367.91
5/15/2015		$367.91
6/15/2015		$367.91
7/15/2015		$367.91
8/15/2015		$367.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,207.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10052-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10054	SECURIAN CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$12,115.22
4/15/2015		$12,115.22
5/15/2015		$12,115.22
6/15/2015		$12,115.22
7/15/2015		$12,115.22
8/15/2015		$12,115.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$72,691.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10054-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10069	HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$963.30
4/15/2015		$963.30
5/15/2015		$963.30
6/15/2015		$963.30
7/15/2015		$963.30
8/15/2015		$963.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,779.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10069-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10069-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10071	ENCOMPASS INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$27,898.71
4/15/2015		$27,898.71
5/15/2015		$27,898.71
6/15/2015		$27,898.71
7/15/2015		$27,898.71
8/15/2015		$27,898.71
	TOTAL INSTALLMENTS PAID IN 2015:	**$167,392.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10071-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10071-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,900 vehicles covered during 7/1/2014 to 12/31/2014	**$1,450.00**
Auto Theft Authority Assessment for 2,500 vehicles covered during 1/1/2015 to 6/30/2015	**$1,250.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10072	ENCOMPASS PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$91,278.99
4/15/2015		$91,278.99
5/15/2015		$91,278.99
6/15/2015		$91,278.99
7/15/2015		$91,278.99
8/15/2015		$91,278.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$547,673.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10072-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10072-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 33,531 vehicles covered during 7/1/2014 to 12/31/2014	**$16,765.50**
Auto Theft Authority Assessment for 33,898 vehicles covered during 1/1/2015 to 6/30/2015	**$16,949.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10075	CONSUMER SPECIALTIES INS. CO., RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10080	HEALTH PROVIDERS INSURANCE RECIPROCAL, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10083	NATIONAL CATHOLIC RISK RETENTION GROUP, INC. (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10084	TITLE INDUSTRY ASSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10103-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10103-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10105	VICTORIA SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$974.19
4/15/2015		$974.19
5/15/2015		$974.19
6/15/2015		$974.19
7/15/2015		$974.19
8/15/2015		$974.19
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,845.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10105-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 354 vehicles covered during 7/1/2014 to 12/31/2014	**$177.00**
Auto Theft Authority Assessment for 323 vehicles covered during 1/1/2015 to 6/30/2015	**$161.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10111	AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$81,775.30
4/15/2015		$81,775.30
5/15/2015		$81,775.30
6/15/2015		$81,775.30
7/15/2015		$81,775.30
8/15/2015		$81,775.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$490,651.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10111-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10111-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10111-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 4,200 vehicles covered during 7/1/2014 to 12/31/2014	**$2,100.00**
Auto Theft Authority Assessment for 4,200 vehicles covered during 1/1/2015 to 6/30/2015	**$2,100.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10113	TERRA INSURANCE COMPANY (A RISK RETENTION GROUP)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10120	EVEREST NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,461.55
4/15/2015		$6,461.55
5/15/2015		$6,461.55
6/15/2015		$6,461.55
7/15/2015		$6,461.55
8/15/2015		$6,461.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$38,769.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10120-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-10120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 284 vehicles covered during 7/1/2014 to 12/31/2014	**$142.00**
Auto Theft Authority Assessment for 298 vehicles covered during 1/1/2015 to 6/30/2015	**$149.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10127	ALLIED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10127-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10127-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10127-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10130	SU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10130-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10155	WELLCARE PRESCRIPTION INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10155-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-10155-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10160	PHOENIX HEALTH PLANS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10164	CPA MUTUAL INS. CO. OF AMERICA RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$361.89	
4/15/2015		$361.89	
5/15/2015		$361.89	
6/15/2015		$361.89	
7/15/2015		$361.89	
8/15/2015		$361.89	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,171.34**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10166	ACCIDENT FUND INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	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**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10166-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10166-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10171	ORDINARY MUTUAL, A RISK RETENTION GROUP CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10177	MOUNTAIN STATES INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10177-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10178	FCCI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10178-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10178-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10200	HISCOX INSURANCE COMPANY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$8,489.05
4/15/2015		$8,489.05
5/15/2015		$8,489.05
6/15/2015		$8,489.05
7/15/2015		$8,489.05
8/15/2015		$8,489.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$50,934.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10200-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-10200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10200-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10204	CONSUMERS INSURANCE USA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10204-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10204-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10212	ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10216	AMERICAN CONTRACTORS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,780.92
4/15/2015		$4,780.92
5/15/2015		$4,780.92
6/15/2015		$4,780.92
7/15/2015		$4,780.92
8/15/2015		$4,780.92
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,685.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10216-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10219	QBE REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10219-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10219-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10219-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10220	COMMONWEALTH INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10220-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10220-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10222	PACO ASSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$655.61
4/15/2015		$655.61
5/15/2015		$655.61
6/15/2015		$655.61
7/15/2015		$655.61
8/15/2015		$655.61
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,933.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10222-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10222-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10226	UNITRIN DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,046.73
4/15/2015		$1,046.73
5/15/2015		$1,046.73
6/15/2015		$1,046.73
7/15/2015		$1,046.73
8/15/2015		$1,046.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,280.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10226-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10226-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 276 vehicles covered during 7/1/2014 to 12/31/2014	**$138.00**
Auto Theft Authority Assessment for 233 vehicles covered during 1/1/2015 to 6/30/2015	**$116.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10227	MUNICH REINSURANCE AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10227-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-10227-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-10227-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10232	AMERICAN ASSOCIATION OF ORTHODONTISTS INS. CO. (A RRG)

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10234	NATIONAL SERVICE CONTRACT INSURANCE COMPANY RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$463.27	
4/15/2015		$463.27	
5/15/2015		$463.27	
6/15/2015		$463.27	
7/15/2015		$463.27	
8/15/2015		$463.27	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,779.62**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10235	AMERICAN SOUTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,058.75
4/15/2015		$1,058.75
5/15/2015		$1,058.75
6/15/2015		$1,058.75
7/15/2015		$1,058.75
8/15/2015		$1,058.75
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,352.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10235-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10235-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 15 vehicles covered during 7/1/2014 to 12/31/2014	**$7.50**
Auto Theft Authority Assessment for 14 vehicles covered during 1/1/2015 to 6/30/2015	**$7.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10239	SECURA SUPREME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$23,508.50
4/15/2015		$23,508.50
5/15/2015		$23,508.50
6/15/2015		$23,508.50
7/15/2015		$23,508.50
8/15/2015		$23,508.50
	TOTAL INSTALLMENTS PAID IN 2015:	**$141,051.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10239-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10239-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,463 vehicles covered during 7/1/2014 to 12/31/2014	**$1,231.50**
Auto Theft Authority Assessment for 2,227 vehicles covered during 1/1/2015 to 6/30/2015	**$1,113.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10241	HANNOVER RUCK SE

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10243	NATIONAL CONTINENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,357.66
4/15/2015		$1,357.66
5/15/2015		$1,357.66
6/15/2015		$1,357.66
7/15/2015		$1,357.66
8/15/2015		$1,357.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,145.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10243-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10243-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10243-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 24 vehicles covered during 7/1/2014 to 12/31/2014	**$12.00**
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2015 to 6/30/2015	**$10.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10245	21ST CENTURY INSURANCE COMPANY OF THE SOUTHWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10245-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10245-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10287	PMI INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10336	FIRST ACCEPTANCE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10336-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10336-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10340	STONINGTON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10340-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10340-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10346	EMPLOYERS PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10346-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10346-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10348	ARCH REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10348-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10348-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10351	FIRST DAKOTA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10351-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10351-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10353	OOIDA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$1,752.67	
4/15/2015		$1,752.67	
5/15/2015		$1,752.67	
6/15/2015		$1,752.67	
7/15/2015		$1,752.67	
8/15/2015		$1,752.67	
		TOTAL INSTALLMENTS PAID IN 2015:	**$10,516.02**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10357	RENAISSANCE REINSURANCE U.S. INC.

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10367	AVEMCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,674.41
4/15/2015		$1,674.41
5/15/2015		$1,674.41
6/15/2015		$1,674.41
7/15/2015		$1,674.41
8/15/2015		$1,674.41
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,046.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10367-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-10367-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-10367-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10386	AMERICAN FAMILY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10386-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10386-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10391	BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10391-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10391-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10391-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10413	AFFIRMATIVE DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10413-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10413-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10464	CANAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$7,351.68
4/15/2015		$7,351.68
5/15/2015		$7,351.68
6/15/2015		$7,351.68
7/15/2015		$7,351.68
8/15/2015		$7,351.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$44,110.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10464-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10464-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 71 vehicles covered during 7/1/2014 to 12/31/2014	**$35.50**
Auto Theft Authority Assessment for 198 vehicles covered during 1/1/2015 to 6/30/2015	**$99.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10472	CAPITOL INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$9,465.37
4/15/2015		$9,465.37
5/15/2015		$9,465.37
6/15/2015		$9,465.37
7/15/2015		$9,465.37
8/15/2015		$9,465.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$56,792.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10472-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10472-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10472-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 353 vehicles covered during 7/1/2014 to 12/31/2014	**$176.50**
Auto Theft Authority Assessment for 300 vehicles covered during 1/1/2015 to 6/30/2015	**$150.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10476	STICO MUTUAL INSURANCE COMPANY, RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10499	COREPOINTE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,745.98
4/15/2015		$1,745.98
5/15/2015		$1,745.98
6/15/2015		$3,491.96
7/15/2015		$1,745.98
8/15/2015		$1,745.98
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,221.86**

Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2014 to 12/31/2014	**$8.00**
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2015 to 6/30/2015	**$2.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10510	CAROLINA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,464.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,464.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10510-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10510-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10510-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2014 to 12/31/2014	**$24.50**
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2015 to 6/30/2015	**$11.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10541	AGRINATIONAL INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10638	PROSELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10638-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10638-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10639	ATTORNEYS' LIABILITY ASSURANCE SOCIETY, INC. A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$18,780.60	
4/15/2015		$18,780.60	
5/15/2015		$18,780.60	
6/15/2015		$18,780.60	
7/15/2015		$18,780.60	
8/15/2015		$18,780.60	
		TOTAL INSTALLMENTS PAID IN 2015:	**$112,683.60**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10640	EMPLOYERS INSURANCE COMPANY OF NEVADA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10640-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10640-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10641	ENDURANCE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,529.09
4/15/2015		$11,529.09
5/15/2015		$11,529.09
6/15/2015		$11,529.09
7/15/2015		$11,529.09
8/15/2015		$11,529.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$69,174.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10641-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10641-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10642	CHEROKEE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10642-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10642-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10642-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10644	VICTORIA AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$347.34
4/15/2015		$347.34
5/15/2015		$347.34
6/15/2015		$347.34
7/15/2015		$347.34
8/15/2015		$347.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,084.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10644-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10644-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 153 vehicles covered during 7/1/2014 to 12/31/2014	**$76.50**
Auto Theft Authority Assessment for 129 vehicles covered during 1/1/2015 to 6/30/2015	**$64.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10646	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10646-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10646-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10648	GENEVA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 70 vehicles covered during 7/1/2014 to 12/31/2014	**$35.00**
Auto Theft Authority Assessment for 50 vehicles covered during 1/1/2015 to 6/30/2015	**$25.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10669	CHURCH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10669-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10669-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10671	GRAY CASUALTY & SURETY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$407.89
4/15/2015		$407.89
5/15/2015		$407.89
6/15/2015		$407.89
7/15/2015		$407.89
8/15/2015		$407.89
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,447.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10671-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10671-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10672	SCOTTSDALE SURPLUS LINES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10675	CSAA MID-ATLANTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10676	FIRST GUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,577.49
4/15/2015		$1,577.49
5/15/2015		$1,577.49
6/15/2015		$1,577.49
7/15/2015		$1,577.49
8/15/2015		$1,577.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,464.94**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10677	CINCINNATI INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$123,247.18
4/15/2015		$123,247.18
5/15/2015		$123,247.18
6/15/2015		$123,247.18
7/15/2015		$123,247.18
8/15/2015		$123,247.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$739,483.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10677-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10677-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10677-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4,677 vehicles covered during 7/1/2014 to 12/31/2014	**$2,338.50**
Auto Theft Authority Assessment for 5,327 vehicles covered during 1/1/2015 to 6/30/2015	**$2,663.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10682	MGIC CREDIT ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10682-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10690	ALLIED WORLD NATIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$12,414.03
4/15/2015		$12,414.03
5/15/2015		$12,414.03
6/15/2015		$12,414.03
7/15/2015		$12,414.03
8/15/2015		$12,414.03
	TOTAL INSTALLMENTS PAID IN 2015:	**$74,484.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10690-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10690-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10690-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10693	CIVIL SERVICE EMPLOYEES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$21,378.63
4/15/2015		$21,378.63
5/15/2015		$21,378.63
6/15/2015		$21,378.63
7/15/2015		$21,378.63
8/15/2015		$21,378.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$128,271.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10693-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-10693-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-10693-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4,057 vehicles covered during 7/1/2014 to 12/31/2014	**$2,028.50**
Auto Theft Authority Assessment for 4,095 vehicles covered during 1/1/2015 to 6/30/2015	**$2,047.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10712	UNITED HOME INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10723	NATIONWIDE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10723-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10723-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10724	EASTERN ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10724-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10724-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10730	AMERICAN ACCESS CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$52,264.36
4/15/2015		$52,264.36
5/15/2015		$52,264.36
6/15/2015		$52,264.36
7/15/2015		$52,264.36
8/15/2015		$52,264.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$313,586.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10730-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 33,185 vehicles covered during 7/1/2014 to 12/31/2014	**$16,592.50**
Auto Theft Authority Assessment for 32,193 vehicles covered during 1/1/2015 to 6/30/2015	**$16,096.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10738	TM SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10744	MARKEL INTERNATIONAL INSURANCE COMPANY LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NY**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10749	INTREPID INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10749-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10749-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10754	SPIRIT MOUNTAIN INSURANCE COMPANY RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10758	COLONIAL SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$758.14
4/15/2015		$758.14
5/15/2015		$758.14
6/15/2015		$758.14
7/15/2015		$758.14
8/15/2015		$758.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,548.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10758-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10758-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10759	UNIVERSAL NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,934.88
4/15/2015		$5,934.88
5/15/2015		$5,934.88
6/15/2015		$5,934.88
7/15/2015		$5,934.88
8/15/2015		$5,934.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$35,609.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10759-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10759-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2014 to 12/31/2014		**$0.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10777	VICTORIA SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$47,296.43
4/15/2015		$47,296.43
5/15/2015		$47,296.43
6/15/2015		$47,296.43
7/15/2015		$47,296.43
8/15/2015		$47,296.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$283,778.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10777-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10777-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 16,420 vehicles covered during 7/1/2014 to 12/31/2014	**$8,210.00**
Auto Theft Authority Assessment for 16,695 vehicles covered during 1/1/2015 to 6/30/2015	**$8,347.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10783	CORNERSTONE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$376.32
4/15/2015		$376.32
5/15/2015		$376.32
6/15/2015		$376.32
7/15/2015		$376.32
8/15/2015		$376.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,257.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10783-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10783-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 191 vehicles covered during 7/1/2014 to 12/31/2014	**$95.50**
Auto Theft Authority Assessment for 138 vehicles covered during 1/1/2015 to 6/30/2015	**$69.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10784	MAXUM CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10784-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10784-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10799	GEOVERA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10799-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10800	PREMIER GROUP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10800-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10800-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10801	FORTRESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$751.10
4/15/2015		$751.10
5/15/2015		$751.10
6/15/2015		$751.10
7/15/2015		$751.10
8/15/2015		$751.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,506.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10801-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10801-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10803	COLUMBIA NATIONAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10804	CONTINENTAL WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$36,752.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$36,752.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10804-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10804-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 276 vehicles covered during 7/1/2014 to 12/31/2014	**$138.00**
Auto Theft Authority Assessment for 157 vehicles covered during 1/1/2015 to 6/30/2015	**$78.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10807	ACCC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$41,713.23
4/15/2015		$41,713.23
5/15/2015		$41,713.23
6/15/2015		$41,713.23
7/15/2015		$41,713.23
8/15/2015		$41,713.23
	TOTAL INSTALLMENTS PAID IN 2015:	**$250,279.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10807-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10807-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10814	GNY CUSTOM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10815	VERLAN FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,439.60
4/15/2015		$1,439.60
5/15/2015		$1,439.60
6/15/2015		$1,439.60
7/15/2015		$1,439.60
8/15/2015		$1,439.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,637.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10815-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10815-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10829	ALTERRA REINSURANCE USA INC.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**DE**	**Business Type**	**AS**	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10836	GOLDEN EAGLE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10836-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10836-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10836-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2014 to 12/31/2014		**$0.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10847	CUMIS INSURANCE SOCIETY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$17,202.80
4/15/2015		$17,202.80
5/15/2015		$17,202.80
6/15/2015		$17,202.80
7/15/2015		$17,202.80
8/15/2015		$17,202.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$103,216.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10847-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-10847-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-10847-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 108 vehicles covered during 7/1/2014 to 12/31/2014	**$54.00**
Auto Theft Authority Assessment for 65 vehicles covered during 1/1/2015 to 6/30/2015	**$32.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10859	FIRST NONPROFIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,901.11
4/15/2015		$2,901.11
5/15/2015		$2,901.11
6/15/2015		$2,901.11
7/15/2015		$2,901.11
8/15/2015		$2,901.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,406.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10859-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10859-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 265 vehicles covered during 7/1/2014 to 12/31/2014	**$132.50**
Auto Theft Authority Assessment for 212 vehicles covered during 1/1/2015 to 6/30/2015	**$106.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10872	AMERICAN STRATEGIC INSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$18,657.78
4/15/2015		$18,657.78
5/15/2015		$18,657.78
6/15/2015		$18,657.78
7/15/2015		$18,657.78
8/15/2015		$18,657.78
	TOTAL INSTALLMENTS PAID IN 2015:	**$111,946.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10872-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10872-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10885	KEY RISK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-10885-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10885-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10885-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10887	COASTAL SELECT INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10891	CEM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10891-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10891-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10895	MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10895-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10900	PREFERRED EMPLOYERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10900-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10900-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10903	AMERICAN EXCESS INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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

Installment Due Date		Installments Paid
3/15/2015		$2,094.00
4/15/2015		$2,094.00
5/15/2015		$2,094.00
6/15/2015		$2,094.00
7/15/2015		$2,094.00
8/15/2015		$2,094.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,564.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10906	COMMERCIAL ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10909	SUN SURETY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,735.68
4/15/2015		$2,735.68
5/15/2015		$2,735.68
6/15/2015		$2,735.68
7/15/2015		$2,735.68
8/15/2015		$2,735.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,414.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10909-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10914	KEMPER INDEPENDENCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$49,022.68
4/15/2015		$49,022.68
5/15/2015		$49,022.68
6/15/2015		$49,022.68
7/15/2015		$49,022.68
8/15/2015		$49,022.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$294,136.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10914-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10914-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 8,495 vehicles covered during 7/1/2014 to 12/31/2014	**$4,247.50**
Auto Theft Authority Assessment for 3,010 vehicles covered during 1/1/2015 to 6/30/2015	**$1,505.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	10915	UNITRIN DIRECT PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,523.24
4/15/2015		$4,523.24
5/15/2015		$4,523.24
6/15/2015		$4,523.24
7/15/2015		$4,533.64
8/15/2015		$4,533.64
	TOTAL INSTALLMENTS PAID IN 2015:	**$27,160.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10915-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10915-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,252 vehicles covered during 7/1/2014 to 12/31/2014	**$626.00**
Auto Theft Authority Assessment for 1,007 vehicles covered during 1/1/2015 to 6/30/2015	**$503.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10916	SURETEC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,840.24
4/15/2015		$1,840.24
5/15/2015		$1,840.24
6/15/2015		$1,840.24
7/15/2015		$1,840.24
8/15/2015		$1,840.24
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,041.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10916-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10921	CSAA FIRE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$118,871.37
4/15/2015		$118,871.37
5/15/2015		$118,871.37
6/15/2015		$118,871.37
7/15/2015		$118,871.37
8/15/2015		$118,871.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$713,228.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10921-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10921-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,008 vehicles covered during 7/1/2014 to 12/31/2014	**$1,504.00**
Auto Theft Authority Assessment for 2,684 vehicles covered during 1/1/2015 to 6/30/2015	**$1,342.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10936	SENECA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,589.72
4/15/2015		$5,589.72
5/15/2015		$5,589.72
6/15/2015		$5,589.72
7/15/2015		$5,589.72
8/15/2015		$5,589.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$33,538.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10936-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-10936-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3 vehicles covered during 7/1/2014 to 12/31/2014	**$1.50**
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2015 to 6/30/2015	**$1.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10945	TOKIO MARINE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$10,870.91
4/15/2015		$10,870.91
5/15/2015		$10,870.91
6/15/2015		$10,870.91
7/15/2015		$10,870.91
8/15/2015		$10,870.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$65,225.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10945-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10945-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10945-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,003 vehicles covered during 7/1/2014 to 12/31/2014	**$1,001.50**
Auto Theft Authority Assessment for 3,550 vehicles covered during 1/1/2015 to 6/30/2015	**$1,775.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10952	TRANSAMERICA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$22,773.12
4/15/2015		$22,773.12
5/15/2015		$22,773.12
6/15/2015		$22,773.12
7/15/2015		$22,773.12
8/15/2015		$22,773.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$136,638.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-10952-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-10952-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-10952-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10957	ALAMANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-10957-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-10957-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11000	SENTINEL INSURANCE COMPANY, LTD.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$66,838.67
4/15/2015		$66,838.67
5/15/2015		$66,838.67
6/15/2015		$66,838.67
7/15/2015		$66,838.67
8/15/2015		$66,838.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$401,032.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11000-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11000-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4,406 vehicles covered during 7/1/2014 to 12/31/2014	**$2,203.00**
Auto Theft Authority Assessment for 3,861 vehicles covered during 1/1/2015 to 6/30/2015	**$1,930.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11030	MEMIC INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11030-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11030-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11044	NATIONAL GENERAL INSURANCE ONLINE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,671.84
4/15/2015		$11,671.84
5/15/2015		$11,671.84
6/15/2015		$11,671.84
7/15/2015		$11,671.84
8/15/2015		$11,671.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$70,031.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11044-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 35,083 vehicles covered during 7/1/2014 to 12/31/2014	**$17,541.50**
Auto Theft Authority Assessment for 37,064 vehicles covered during 1/1/2015 to 6/30/2015	**$18,532.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11050	AMERISURE PARTNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,104.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,104.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11050-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 260 vehicles covered during 7/1/2014 to 12/31/2014	**$130.00**
Auto Theft Authority Assessment for 59 vehicles covered during 1/1/2015 to 6/30/2015	**$29.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11054	MAIDEN REINSURANCE NORTH AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11054-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-11054-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11062	PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$662.02
4/15/2015		$662.02
5/15/2015		$662.02
6/15/2015		$662.02
7/15/2015		$662.02
8/15/2015		$662.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,972.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11062-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11062-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11063	VEHICULAR SERVICE INSURANCE COMPANY, RISK RETENTION GRP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**OK**	**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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11075	LION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,358.70
4/15/2015		$1,358.73
5/15/2015		$1,358.70
6/15/2015		$1,358.70
7/15/2015		$1,358.70
8/15/2015		$1,358.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,152.23**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11075-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11075-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11092	GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,143.00
4/15/2015		$1,143.00
5/15/2015		$1,143.00
6/15/2015		$1,143.00
7/15/2015		$1,143.00
8/15/2015		$1,143.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,858.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11092-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11092-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 158 vehicles covered during 7/1/2014 to 12/31/2014	**$79.00**
Auto Theft Authority Assessment for 108 vehicles covered during 1/1/2015 to 6/30/2015	**$54.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11114	ST. CHARLES INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11117	MARATHON FINANCIAL INSURANCE COMPANY, INC. A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11118	FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,964.90
4/15/2015		$3,964.90
5/15/2015		$3,964.90
6/15/2015		$3,964.90
7/15/2015		$3,964.90
8/15/2015		$3,964.90
	TOTAL INSTALLMENTS PAID IN 2015:	**$23,789.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-11118-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11118-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11118-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 461 vehicles covered during 7/1/2014 to 12/31/2014	**$230.50**
Auto Theft Authority Assessment for 187 vehicles covered during 1/1/2015 to 6/30/2015	**$93.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11121	UNIFIED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,204.68
4/15/2015		$2,204.68
5/15/2015		$2,204.68
6/15/2015		$2,204.68
7/15/2015		$2,204.68
8/15/2015		$2,204.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,228.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11121-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-11121-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11123	SAFETY FIRST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11123-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11123-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11126	SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$8,929.68
4/15/2015		$8,929.68
5/15/2015		$8,929.68
6/15/2015		$8,929.68
7/15/2015		$8,929.68
8/15/2015		$8,929.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$53,578.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11126-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11126-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,277 vehicles covered during 7/1/2014 to 12/31/2014	**$638.50**
Auto Theft Authority Assessment for 269 vehicles covered during 1/1/2015 to 6/30/2015	**$134.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11127	PROFESSIONAL SOLUTIONS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,569.02
4/15/2015		$1,569.02
5/15/2015		$1,569.02
6/15/2015		$1,569.02
7/15/2015		$1,569.02
8/15/2015		$1,569.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,414.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11127-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11127-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11134	RURAL TRUST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$995.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$995.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11134-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11134-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-11134-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
Auto Theft Authority Assessment for 19 vehicles covered during 1/1/2015 to 6/30/2015		**$9.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11145	GOLDEN INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11150	ARCH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,684.52
4/15/2015		$2,684.52
5/15/2015		$2,684.52
6/15/2015		$2,684.52
7/15/2015		$2,684.52
8/15/2015		$2,684.52
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,107.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11150-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-11150-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11150-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,592 vehicles covered during 7/1/2014 to 12/31/2014	**$796.00**
Auto Theft Authority Assessment for 1,598 vehicles covered during 1/1/2015 to 6/30/2015	**$799.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11153	TITAN INSURANCE COMPANY, INC., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11155	PRENEED REINSURANCE COMPANY OF AMERICA

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11163	AVESIS INSURANCE INCORPORATED

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$9,879.67
4/15/2015		$9,879.67
5/15/2015		$9,879.67
6/15/2015		$9,879.67
7/15/2015		$9,879.67
8/15/2015		$9,879.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$59,278.02**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11177	FIRST FINANCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11177-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11185	FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$183,624.69
4/15/2015		$183,624.69
5/15/2015		$183,624.69
6/15/2015		$183,624.69
7/15/2015		$183,624.69
8/15/2015		$183,624.69
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,101,748.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11185-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-11185-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-11185-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 30,233 vehicles covered during 7/1/2014 to 12/31/2014	**$15,116.50**
Auto Theft Authority Assessment for 31,057 vehicles covered during 1/1/2015 to 6/30/2015	**$15,528.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11194	CAPITAL ASSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11197	NATIONAL INDEPENDENT TRUCKERS INS. CO., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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 5 vehicles covered during 7/1/2014 to 12/31/2014	**$2.50**
Auto Theft Authority Assessment for 12 vehicles covered during 1/1/2015 to 6/30/2015	**$6.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11198	LOYA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$705.17
4/15/2015		$705.17
5/15/2015		$705.17
6/15/2015		$705.17
7/15/2015		$705.17
8/15/2015		$705.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,231.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-11198-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11198-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11198-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 826 vehicles covered during 7/1/2014 to 12/31/2014	**$413.00**
Auto Theft Authority Assessment for 2,549 vehicles covered during 1/1/2015 to 6/30/2015	**$1,274.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11206	HOUSING ENTERPRISE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$528.60
4/15/2015		$528.60
5/15/2015		$528.60
6/15/2015		$528.60
7/15/2015		$528.60
8/15/2015		$528.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,171.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11206-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11215	SAFECO INSURANCE COMPANY OF INDIANA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11215-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11215-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11226	NEW SUTLIFF WARRANTY COMPANY

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: 4/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**MR**	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 65:	**$4,500.00**
Annual Statement Filing Fee		**$0.00**
	TOTAL:	**$4,500.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11231	GENERALI (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$7,289.62
4/15/2015		$7,289.62
5/15/2015		$7,289.62
6/15/2015		$7,289.62
7/15/2015		$7,289.62
8/15/2015		$7,289.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$43,737.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-11231-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11231-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11231-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11232	ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11242	ALLIED EASTERN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11242-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11242-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11255	CATERPILLAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,593.56
4/15/2015		$11,593.56
5/15/2015		$11,593.56
6/15/2015		$11,593.56
7/15/2015		$11,593.56
8/15/2015		$11,593.56
	TOTAL INSTALLMENTS PAID IN 2015:	**$69,561.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11255-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11255-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11258	GEORGIA CASUALTY & SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11258-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11267	SECURITY AMERICA RISK RETENTION GROUP,INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11268	ICI MUTUAL INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$3,540.68	
4/15/2015		$3,540.68	
5/15/2015		$3,540.68	
6/15/2015		$3,540.68	
7/15/2015		$3,540.68	
8/15/2015		$3,540.68	
		TOTAL INSTALLMENTS PAID IN 2015:	**$21,244.08**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11347	SFM MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11347-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11347-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11371	GREAT WEST CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$35,685.00
4/15/2015		$35,685.00
5/15/2015		$35,685.00
6/15/2015		$35,685.00
7/15/2015		$35,685.00
8/15/2015		$35,685.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$214,110.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11371-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11371-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11445	CGB INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11445-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11452	HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,631.47
4/15/2015		$1,631.47
5/15/2015		$1,631.47
6/15/2015		$1,631.47
7/15/2015		$1,631.47
8/15/2015		$1,631.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,788.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11452-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11452-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11499	CENSTAT CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11499-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11500	LENDERS PROTECTION ASSURANCE COMPANY RISK RETENTION GRP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11512	EMPLOYERS COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11512-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11512-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11513	PHYSICIANS SPECIALTY LTD. RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,805.75
4/15/2015		$1,805.75
5/15/2015		$1,805.75
6/15/2015		$1,805.75
7/15/2015		$1,805.75
8/15/2015		$1,805.75
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,834.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11523	WRIGHT NATIONAL FLOOD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$655.13
4/15/2015		$655.13
5/15/2015		$655.13
6/15/2015		$655.13
7/15/2015		$655.13
8/15/2015		$655.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,930.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11523-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11534	AMERICAN TRUCKING AND TRANSPORTATION INS. CO., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11551	ENDURANCE REINSURANCE CORPORATION OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-11551-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11551-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11551-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11555	PACIFIC COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11555-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11555-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11558	ASSURANCEAMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$26,862.98
4/15/2015		$26,862.98
5/15/2015		$27,204.93
6/15/2015		$27,204.93
7/15/2015		$27,204.93
8/15/2015		$27,204.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$162,545.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11558-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11558-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 25,337 vehicles covered during 7/1/2014 to 12/31/2014	**$12,668.50**
Auto Theft Authority Assessment for 24,556 vehicles covered during 1/1/2015 to 6/30/2015	**$12,278.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11573	ACCIDENT INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$540.20
4/15/2015		$540.20
5/15/2015		$540.20
6/15/2015		$540.20
7/15/2015		$540.20
8/15/2015		$540.20
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,241.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11573-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11573-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11592	INTERNATIONAL FIDELITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,552.36
4/15/2015		$4,552.36
5/15/2015		$4,552.36
6/15/2015		$4,552.36
7/15/2015		$4,552.36
8/15/2015		$4,552.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$27,314.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11592-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11595	MERCHANTS NATIONAL BONDING, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$563.00
4/15/2015		$563.00
5/15/2015		$563.40
6/15/2015		$563.00
7/15/2015		$563.00
8/15/2015		$563.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,378.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11595-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11598	APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11600	FRANK WINSTON CRUM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11600-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11600-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11603	CONTRACTORS INSURANCE CO. OF NORTH AMERICA, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,508.58
4/15/2015		$1,508.58
5/15/2015		$1,508.58
6/15/2015		$1,508.58
7/15/2015		$1,508.58
8/15/2015		$1,508.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,051.48**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11630	JEFFERSON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$24,208.10
4/15/2015		$24,208.10
5/15/2015		$24,208.10
6/15/2015		$24,208.10
7/15/2015		$24,208.10
8/15/2015		$24,208.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$145,248.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11630-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-11630-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11630-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11665	OLD AMERICAN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,174.99
4/15/2015		$2,174.99
5/15/2015		$2,174.99
6/15/2015		$2,174.99
7/15/2015		$2,174.99
8/15/2015		$2,174.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,049.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11665-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11665-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,052 vehicles covered during 7/1/2014 to 12/31/2014	**$1,026.00**
Auto Theft Authority Assessment for 1,623 vehicles covered during 1/1/2015 to 6/30/2015	**$811.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11671	PROBUILDERS SPECIALTY INSURANCE COMPANY, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11673	REDWOOD FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$17,171.22
4/15/2015		$17,171.22
5/15/2015		$17,171.22
6/15/2015		$17,171.22
7/15/2015		$17,171.22
8/15/2015		$17,171.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$103,027.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-11673-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11673-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11673-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 519 vehicles covered during 7/1/2014 to 12/31/2014	**$259.50**
Auto Theft Authority Assessment for 1,001 vehicles covered during 1/1/2015 to 6/30/2015	**$500.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11680	ASPEN INSURANCE UK LIMITED (U.S. REINSURANCE TRUST)

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	LC	LIMITED LIABILITY COMPANY

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11681	CSAA AFFINITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11681-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11681-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11702	ECHELON PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,851.04
4/15/2015		$6,851.04
5/15/2015		$6,851.04
6/15/2015		$6,851.04
7/15/2015		$6,851.04
8/15/2015		$6,851.04
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,106.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,241 vehicles covered during 7/1/2014 to 12/31/2014	**$620.50**
Auto Theft Authority Assessment for 1,471 vehicles covered during 1/1/2015 to 6/30/2015	**$735.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11710	ALLIED PROFESSIONALS INSURANCE COMPANY, RRG

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11711	ACCESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,878.65
4/15/2015		$2,878.65
5/15/2015		$2,878.65
6/15/2015		$2,878.65
7/15/2015		$2,878.65
8/15/2015		$2,878.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,271.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11711-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11711-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,686 vehicles covered during 7/1/2014 to 12/31/2014	**$843.00**
Auto Theft Authority Assessment for 1,403 vehicles covered during 1/1/2015 to 6/30/2015	**$701.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11714	EMERGENCY PHYSICIANS INSURANCE COMPANY RISK RETENTION G

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NV**	**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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11738	INFINITY AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,194.03
4/15/2015		$3,194.03
5/15/2015		$3,194.03
6/15/2015		$3,194.03
7/15/2015		$3,194.03
8/15/2015		$3,194.03
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,164.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11738-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-11738-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-11738-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,382 vehicles covered during 7/1/2014 to 12/31/2014	**$1,691.00**
Auto Theft Authority Assessment for 3,907 vehicles covered during 1/1/2015 to 6/30/2015	**$1,953.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11746	LIBERTY PERSONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11746-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11746-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-11746-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11770	UNITED FINANCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$78,330.54
4/15/2015		$78,330.54
5/15/2015		$78,330.54
6/15/2015		$78,330.54
7/15/2015		$78,330.54
8/15/2015		$78,330.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$469,983.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11770-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11770-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 12,031 vehicles covered during 7/1/2014 to 12/31/2014	**$6,015.50**
Auto Theft Authority Assessment for 12,515 vehicles covered during 1/1/2015 to 6/30/2015	**$6,257.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11798	CONTINUING CARE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	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	
3/15/2015		$3,390.23	
4/15/2015		$3,390.23	
5/15/2015		$3,390.23	
6/15/2015		$3,390.23	
7/15/2015		$3,390.23	
8/15/2015		$3,390.23	
		TOTAL INSTALLMENTS PAID IN 2015:	**$20,341.38**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11800	FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$28,641.86
4/15/2015		$28,641.86
5/15/2015		$28,641.86
6/15/2015		$28,641.86
7/15/2015		$28,641.86
8/15/2015		$28,641.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$171,851.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11800-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11800-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-11800-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 1,454 vehicles covered during 7/1/2014 to 12/31/2014	**$727.00**
Auto Theft Authority Assessment for 1,531 vehicles covered during 1/1/2015 to 6/30/2015	**$765.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11805	ARIZONA AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$36,640.95	
4/15/2015		$36,640.95	
5/15/2015		$36,640.95	
6/15/2015		$36,640.95	
7/15/2015		$36,640.95	
8/15/2015		$36,640.95	
		TOTAL INSTALLMENTS PAID IN 2015:	**$219,845.70**

Auto Theft Authority Assessment for 36,856 vehicles covered during 7/1/2014 to 12/31/2014	**$18,428.00**
Auto Theft Authority Assessment for 58,383 vehicles covered during 1/1/2015 to 6/30/2015	**$29,191.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11811	PROFESSIONAL SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11825	CARE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11832	HEALTH CARE INDUSTRY LIABILITY RECIPROCAL INS CO, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$7,465.86	
		TOTAL INSTALLMENTS PAID IN 2015:	**$7,465.86**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11835	PARTNERRE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$631.02
4/15/2015		$631.02
5/15/2015		$631.02
6/15/2015		$631.02
7/15/2015		$631.02
8/15/2015		$631.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,786.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11835-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11835-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-11835-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11840	FAIRWAY PHYSICIANS INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$1,614.10	
4/15/2015		$1,614.10	
5/15/2015		$1,614.10	
6/15/2015		$1,614.10	
7/15/2015		$1,614.10	
8/15/2015		$1,614.10	
		TOTAL INSTALLMENTS PAID IN 2015:	**$9,684.60**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11843	MEDICAL PROTECTIVE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$28,016.07
4/15/2015		$28,016.07
5/15/2015		$28,016.07
6/15/2015		$28,016.07
7/15/2015		$28,016.07
8/15/2015		$28,016.07
	TOTAL INSTALLMENTS PAID IN 2015:	**$168,096.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11843-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11843-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11851	PROGRESSIVE ADVANCED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$829,338.99
4/15/2015		$829,338.99
5/15/2015		$829,338.99
6/15/2015		$829,338.99
7/15/2015		$829,338.99
8/15/2015		$829,338.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,976,033.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11851-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11851-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 319,286 vehicles covered during 7/1/2014 to 12/31/2014	**$159,643.00**
Auto Theft Authority Assessment for 324,978 vehicles covered during 1/1/2015 to 6/30/2015	**$162,489.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	11853	ANCHOR SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11853-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11853-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11855	PRIMERO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,285.80
4/15/2015		$2,285.80
5/15/2015		$2,285.80
6/15/2015		$2,285.80
7/15/2015		$2,285.80
8/15/2015		$2,285.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,714.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11855-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11855-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,310 vehicles covered during 7/1/2014 to 12/31/2014	**$1,155.00**
Auto Theft Authority Assessment for 2,030 vehicles covered during 1/1/2015 to 6/30/2015	**$1,015.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11860	COPIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11860-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-11860-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11908	MERCURY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$46,366.42
4/15/2015		$46,366.42
5/15/2015		$46,366.42
6/15/2015		$46,366.42
7/15/2015		$46,366.42
8/15/2015		$46,366.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$278,198.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11908-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11908-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 11,199 vehicles covered during 7/1/2014 to 12/31/2014	**$5,599.50**
Auto Theft Authority Assessment for 12,797 vehicles covered during 1/1/2015 to 6/30/2015	**$6,398.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11932	WHITE PINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11941	GREEN HILLS INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11948	GLOBAL HAWK INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11950	HOME CONSTRUCTION INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11965	ALLEGIANT INSURANCE COMPANY, INC. RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$4,383.04	
4/15/2015		$4,383.04	
5/15/2015		$4,383.04	
6/15/2015		$4,383.04	
7/15/2015		$4,383.04	
8/15/2015		$4,383.04	
		TOTAL INSTALLMENTS PAID IN 2015:	**$26,298.24**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11967	GENERAL STAR NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11967-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-11967-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11973	PCH MUTUAL INSURANCE COMPANY, INC. A RISK RETENTION GRP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11976	CENTURION MEDICAL LIABILITY PROTECTIVE RRG, INC.

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11991	NATIONAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$27,117.72
4/15/2015		$27,117.72
5/15/2015		$27,117.72
6/15/2015		$27,117.72
7/15/2015		$27,117.72
8/15/2015		$27,117.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$162,706.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-11991-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-11991-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-11991-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 368 vehicles covered during 7/1/2014 to 12/31/2014	**$184.00**
Auto Theft Authority Assessment for 2,741 vehicles covered during 1/1/2015 to 6/30/2015	**$1,370.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	11997	CATERPILLAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-11997-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-11997-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12003	EMERGENCY MEDICINE PROFESSIONAL ASSURANCE CO. A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12018	INDEMNITY INSURANCE CORPORATION OF DC, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12041	MBIA INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12041-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12151	ARCADIAN HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12151-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-12151-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12157	SUSSEX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,367.18
4/15/2015		$1,367.18
5/15/2015		$1,367.18
6/15/2015		$1,367.18
7/15/2015		$1,367.18
8/15/2015		$1,367.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,203.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12157-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12157-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	12166	ADVANCED PHYSICIANS INSURANCE RISK RETENTION GROUP,INC.

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12171	AMERIGUARD RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12172	CLAIM PROFESSIONALS LIABILITY INSURANCE COMPANY (A RRG)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12177	COMPWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12177-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12180	CALIFORNIA MEDICAL GROUP INSURANCE COMPANY RRG

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12183	ORANGE COUNTY MEDICAL RECIPROCAL INSURANCE CO., A RRG

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.

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12189	OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,666.22
4/15/2015		$1,666.22
5/15/2015		$1,666.22
6/15/2015		$1,666.22
7/15/2015		$1,666.22
8/15/2015		$1,666.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,997.32**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12190	AMERICAN PET INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,418.22
4/15/2015		$3,418.22
5/15/2015		$3,418.22
6/15/2015		$3,418.22
7/15/2015		$3,418.22
8/15/2015		$3,418.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$20,509.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12190-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12200	AMERICAN LIBERTY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12200-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12209	RESTORATION RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$4,173.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,173.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12217	CANYON INSURANCE SERVICES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$3,449.59
4/15/2015		$3,449.59
5/15/2015		$3,449.59
6/15/2015		$3,449.59
7/15/2015		$3,449.59
8/15/2015		$3,449.59
	TOTAL INSTALLMENTS PAID IN 2015:	**$20,697.54**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12236	HEALTH CARE CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12254	OMAHA INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12254-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12254-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12254-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12256	UNITED INSURANCE COMPANY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$57,218.50
4/15/2015		$57,218.50
5/15/2015		$57,218.50
6/15/2015		$57,218.50
7/15/2015		$57,218.50
8/15/2015		$57,218.50
	TOTAL INSTALLMENTS PAID IN 2015:	**$343,311.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12256-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12256-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 36,529 vehicles covered during 7/1/2014 to 12/31/2014	**$18,264.50**
Auto Theft Authority Assessment for 40,126 vehicles covered during 1/1/2015 to 6/30/2015	**$20,063.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12260	CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12260-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12260-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	12262	PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$7,443.42
4/15/2015		$7,443.42
5/15/2015		$7,443.42
6/15/2015		$7,443.42
7/15/2015		$7,443.42
8/15/2015		$7,443.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$44,660.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12262-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12262-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2014 to 12/31/2014	**$5.00**
Auto Theft Authority Assessment for 11 vehicles covered during 1/1/2015 to 6/30/2015	**$5.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12279	SCAN HEALTH PLAN ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12294	SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12297	PETROLEUM CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12297-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12297-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-12297-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12300	AMERICAN CONTRACTORS INS. CO., RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,337.69
4/15/2015		$1,337.69
5/15/2015		$1,337.69
6/15/2015		$1,337.69
7/15/2015		$1,337.69
8/15/2015		$1,337.69
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,026.14**

Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2014 to 12/31/2014	**$8.00**
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2015 to 6/30/2015	**$8.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12304	ACCIDENT FUND GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	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**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12304-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12304-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12305	ACCIDENT FUND NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	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**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12305-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12305-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12309	ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.

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: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12309-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12311	BLOOMINGTON COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12311-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12311-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12319	PHILADELPHIA REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12319-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12319-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12319-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12321	AMERICAN CONTINENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$41,597.59
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,597.59**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12321-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-12321-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12324	MAPFRE RE, COMPANIA DE REASEGUROS, S.A.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NY**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12338	SEQUOIA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12338-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12338-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12373	CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$2,337.33	
4/15/2015		$2,337.33	
5/15/2015		$2,337.33	
6/15/2015		$2,337.33	
7/15/2015		$2,337.33	
8/15/2015		$2,337.33	
		TOTAL INSTALLMENTS PAID IN 2015:	**$14,023.98**

Auto Theft Authority Assessment for 50 vehicles covered during 7/1/2014 to 12/31/2014	**$25.00**
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2015 to 6/30/2015	**$28.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12416	PROTECTIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,248.93
4/15/2015		$1,248.93
5/15/2015		$1,248.93
6/15/2015		$1,248.93
7/15/2015		$1,248.93
8/15/2015		$1,248.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,493.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12416-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-12416-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12416-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 29 vehicles covered during 7/1/2014 to 12/31/2014	**$14.50**
Auto Theft Authority Assessment for 29 vehicles covered during 1/1/2015 to 6/30/2015	**$14.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12439	CHARTER REINSURANCE COMPANY, INC.

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12491	ROCHDALE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12491-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-12491-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12491-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12497	PREFERRED CONTRACTORS INSURANCE COMPANY, RRG, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$1,842.92	
4/15/2015		$1,842.92	
5/15/2015		$1,842.92	
6/15/2015		$1,842.92	
7/15/2015		$1,842.92	
8/15/2015		$1,842.92	
		TOTAL INSTALLMENTS PAID IN 2015:	**$11,057.52**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12504	AMERIPRISE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12504-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-12504-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-12504-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12508	LITTLE RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12508-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12508-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12515	EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,773.42
4/15/2015		$11,773.42
5/15/2015		$11,773.42
6/15/2015		$11,773.42
7/15/2015		$11,773.42
8/15/2015		$11,773.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$70,640.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12515-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12515-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12521	SAFEWAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$168,844.20
4/15/2015		$168,844.20
5/15/2015		$168,844.20
6/15/2015		$168,844.20
7/15/2015		$168,844.20
8/15/2015		$168,844.20
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,013,065.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12521-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12521-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 86,400 vehicles covered during 7/1/2014 to 12/31/2014	**$43,200.00**
Auto Theft Authority Assessment for 100,832 vehicles covered during 1/1/2015 to 6/30/2015	**$50,416.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12528	WADENA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12528-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12528-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12529	NATIONAL MEDICAL PROFESSIONAL RISK RETENTION GROUP, INC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$576.82	
4/15/2015		$576.82	
5/15/2015		$576.82	
6/15/2015		$576.82	
7/15/2015		$576.82	
8/15/2015		$576.82	
		TOTAL INSTALLMENTS PAID IN 2015:	**$3,460.92**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12533	OPTICARE OF UTAH, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12533-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12533-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12536	HOMEOWNERS OF AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12536-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12536-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12548	AMERICAN AGRI-BUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12548-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12575	SILVERSCRIPT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12575-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12575-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12599	INFINITY STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,681.34
4/15/2015		$2,681.34
5/15/2015		$2,681.34
6/15/2015		$2,681.34
7/15/2015		$2,681.34
8/15/2015		$2,681.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,088.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12599-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12599-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 3,269 vehicles covered during 7/1/2014 to 12/31/2014	**$1,634.50**
Auto Theft Authority Assessment for 2,467 vehicles covered during 1/1/2015 to 6/30/2015	**$1,233.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12613	PREMIER PHYSICIANS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12625	FORT WAYNE MEDICAL SURETY COMPANY,RISK RETENTION GROUP

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12645	STANDARD CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$7,418.09
4/15/2015		$7,418.09
5/15/2015		$7,418.09
6/15/2015		$7,418.09
7/15/2015		$7,418.09
8/15/2015		$7,418.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$44,508.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12645-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12645-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12718	DEVELOPERS SURETY AND INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,618.74
4/15/2015		$4,618.74
5/15/2015		$4,618.74
6/15/2015		$4,618.74
7/15/2015		$4,618.74
8/15/2015		$4,618.74
	TOTAL INSTALLMENTS PAID IN 2015:	**$27,712.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12718-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12718-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12741	COPPERPOINT PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12747	ENVISION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12747-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12747-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12750	EVERGREEN NATIONAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12750-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12750-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12754	MEDICUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$17,862.00
4/15/2015		$17,862.45
5/15/2015		$17,862.45
6/15/2015		$17,862.45
7/15/2015		$17,862.45
8/15/2015		$17,862.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$107,174.25**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12754-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12754-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12777	CHUBB INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12777-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12777-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12815	FINANCIAL GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12815-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12831	STATE NATIONAL INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$62,392.14
4/15/2015		$62,392.14
5/15/2015		$62,392.14
6/15/2015		$62,392.14
7/15/2015		$62,392.14
8/15/2015		$62,392.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$374,352.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12831-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-12831-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12831-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 441 vehicles covered during 7/1/2014 to 12/31/2014	**$220.50**
Auto Theft Authority Assessment for 12 vehicles covered during 1/1/2015 to 6/30/2015	**$6.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12866	T.H.E. INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,203.62
4/15/2015		$4,203.62
5/15/2015		$4,203.62
6/15/2015		$4,203.62
7/15/2015		$4,203.62
8/15/2015		$4,203.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$25,221.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12866-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12866-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 59 vehicles covered during 7/1/2014 to 12/31/2014	**$29.50**
Auto Theft Authority Assessment for 41 vehicles covered during 1/1/2015 to 6/30/2015	**$20.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12870	SENTRUITY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12870-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12870-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	12873	PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$8,823.48
4/15/2015		$8,823.48
5/15/2015		$8,823.48
6/15/2015		$8,823.48
7/15/2015		$8,823.48
8/15/2015		$8,823.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$52,940.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12873-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 761 vehicles covered during 7/1/2014 to 12/31/2014	**$380.50**
Auto Theft Authority Assessment for 1,009 vehicles covered during 1/1/2015 to 6/30/2015	**$504.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12879	PROGRESSIVE COMMERCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-12879-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12890	EAGLE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$18,406.92
4/15/2015		$18,406.92
5/15/2015		$18,406.92
6/15/2015		$18,406.92
7/15/2015		$18,406.92
8/15/2015		$18,406.92
	TOTAL INSTALLMENTS PAID IN 2015:	**$110,441.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12890-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12890-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 363 vehicles covered during 7/1/2014 to 12/31/2014	**$181.50**
Auto Theft Authority Assessment for 173 vehicles covered during 1/1/2015 to 6/30/2015	**$86.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12902	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12902-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12902-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12910	AMERICA'S 1ST CHOICE HEALTH PLANS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-12910-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-12910-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12915	URGENT CARE ASSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12934	ACADEMIC MEDICAL PROFESSIONALS INSURANCE RRG, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12936	HOUSTON SPECIALTY INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12963	21ST CENTURY INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12964	WELLCARE OF TEXAS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-12964-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-12964-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12966	KEY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,419.95
4/15/2015		$11,419.95
5/15/2015		$11,419.95
6/15/2015		$11,419.95
7/15/2015		$11,419.99
8/15/2015		$11,420.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$68,519.79**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-12966-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-12966-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 6,010 vehicles covered during 7/1/2014 to 12/31/2014	**$3,005.00**
Auto Theft Authority Assessment for 3,873 vehicles covered during 1/1/2015 to 6/30/2015	**$1,936.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12988	SCRUBS MUTUAL ASSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13010	BONDED BUILDERS INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13014	LANCET INDEMNITY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$495.90	
4/15/2015		$495.90	
5/15/2015		$495.90	
6/15/2015		$495.90	
7/15/2015		$495.90	
8/15/2015		$495.90	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,975.40**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13018	DOCTOR'S & SURGEONS NATIONAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13019	EASTERN ADVANTAGE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13019-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13019-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13021	UNITED FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$19,325.82
4/15/2015		$19,325.82
5/15/2015		$19,325.82
6/15/2015		$19,325.82
7/15/2015		$19,325.82
8/15/2015		$19,325.82
	TOTAL INSTALLMENTS PAID IN 2015:	**$115,954.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13021-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13021-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 3,165 vehicles covered during 7/1/2014 to 12/31/2014	**$1,582.50**
Auto Theft Authority Assessment for 2,375 vehicles covered during 1/1/2015 to 6/30/2015	**$1,187.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13043	COPPERPOINT GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13056	RLI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$16,960.19
4/15/2015		$16,960.19
5/15/2015		$16,960.19
6/15/2015		$16,960.19
7/15/2015		$16,960.19
8/15/2015		$16,961.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$101,762.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13056-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13056-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-13056-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 695 vehicles covered during 7/1/2014 to 12/31/2014	**$347.50**
Auto Theft Authority Assessment for 959 vehicles covered during 1/1/2015 to 6/30/2015	**$479.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13064	UNITED NATIONAL INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13067	PROFESSIONALS RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$9,600.00	
4/15/2015		$9,600.00	
5/15/2015		$9,600.00	
6/15/2015		$9,600.00	
7/15/2015		$9,600.00	
8/15/2015		$9,600.00	
		TOTAL INSTALLMENTS PAID IN 2015:	**$57,600.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13070	BERKSHIRE HATHAWAY ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13070-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13100	OMAHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,721.16
4/15/2015		$2,721.16
5/15/2015		$2,721.16
6/15/2015		$2,721.16
7/15/2015		$2,721.16
8/15/2015		$2,721.16
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,326.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13100-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-13100-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13126	MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13126-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13126-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13137	VIKING INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,206.31
4/15/2015		$3,206.31
5/15/2015		$3,206.31
6/15/2015		$3,206.31
7/15/2015		$3,206.31
8/15/2015		$3,206.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,237.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13137-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13137-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,872 vehicles covered during 7/1/2014 to 12/31/2014	**$936.00**
Auto Theft Authority Assessment for 1,690 vehicles covered during 1/1/2015 to 6/30/2015	**$845.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13161	COMMERCE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,595.77
4/15/2015		$6,595.77
5/15/2015		$6,595.77
6/15/2015		$6,595.77
7/15/2015		$6,595.77
8/15/2015		$6,595.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$39,574.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13161-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13161-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,225 vehicles covered during 7/1/2014 to 12/31/2014	**$1,112.50**
Auto Theft Authority Assessment for 1,708 vehicles covered during 1/1/2015 to 6/30/2015	**$854.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13177	ARCOA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$728.37	
4/15/2015		$728.37	
5/15/2015		$728.37	
6/15/2015		$1,456.74	
8/15/2015		$728.37	
		TOTAL INSTALLMENTS PAID IN 2015:	**$4,370.22**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13183	EAGLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13183-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-13183-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13188	WESTERN SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$15,087.68
4/15/2015		$15,087.68
5/15/2015		$15,087.68
6/15/2015		$15,087.68
7/15/2015		$15,087.68
8/15/2015		$15,087.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$90,526.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13188-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13188-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13209	COPPERPOINT WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13210	COPPERPOINT CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13234	WILSHIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$36,625.28
4/15/2015		$36,625.28
5/15/2015		$36,625.28
6/15/2015		$36,625.28
7/15/2015		$36,625.28
8/15/2015		$36,625.28
	TOTAL INSTALLMENTS PAID IN 2015:	**$219,751.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-13234-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-13234-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13234-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 75 vehicles covered during 7/1/2014 to 12/31/2014	**$37.50**
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2015 to 6/30/2015	**$75.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13242	TITAN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$27,216.97
4/15/2015		$27,216.97
5/15/2015		$27,216.97
6/15/2015		$27,216.97
7/15/2015		$27,216.97
8/15/2015		$27,216.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$163,301.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13242-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13242-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 10,756 vehicles covered during 7/1/2014 to 12/31/2014	**$5,378.00**
Auto Theft Authority Assessment for 9,945 vehicles covered during 1/1/2015 to 6/30/2015	**$4,972.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13250	WORKMEN'S AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13250-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13269	ZENITH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13269-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13269-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13285	ALLEGHENY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$538.76
4/15/2015		$538.76
5/15/2015		$538.76
6/15/2015		$538.76
7/15/2015		$538.76
8/15/2015		$538.76
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,232.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13285-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13307	LEXON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,430.58
4/15/2015		$5,430.58
5/15/2015		$5,430.58
6/15/2015		$5,430.58
7/15/2015		$5,430.58
8/15/2015		$5,430.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$32,583.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13307-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13331	MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13331-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-13331-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13412	AUSTIN MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$15,876.48
4/15/2015		$15,876.48
5/15/2015		$15,876.48
6/15/2015		$15,876.48
7/15/2015		$15,876.48
8/15/2015		$15,876.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$95,258.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13412-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13412-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,010 vehicles covered during 7/1/2014 to 12/31/2014	**$1,005.00**
Auto Theft Authority Assessment for 2,278 vehicles covered during 1/1/2015 to 6/30/2015	**$1,139.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13420	BADGER MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$24,598.23
4/15/2015		$24,598.23
5/15/2015		$24,598.23
6/15/2015		$24,598.23
7/15/2015		$24,598.23
8/15/2015		$24,598.23
	TOTAL INSTALLMENTS PAID IN 2015:	**$147,589.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-13420-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-13420-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13420-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,613 vehicles covered during 7/1/2014 to 12/31/2014	**$1,806.50**
Auto Theft Authority Assessment for 3,316 vehicles covered during 1/1/2015 to 6/30/2015	**$1,658.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13528	BROTHERHOOD MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$25,007.13
4/15/2015		$25,007.13
5/15/2015		$25,007.13
6/15/2015		$25,007.13
7/15/2015		$25,007.13
8/15/2015		$25,007.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$150,042.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-13528-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-13528-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13528-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,121 vehicles covered during 7/1/2014 to 12/31/2014	**$560.50**
Auto Theft Authority Assessment for 1,133 vehicles covered during 1/1/2015 to 6/30/2015	**$566.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13544	CALIFORNIA CAPITAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13544-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13544-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13559	MUNICIPAL ASSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13559-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13562	CAREMORE HEALTH PLAN OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13580	ARISE BOILER INSPECTION AND INSURANCE COMPANY RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13601	ECOLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13604	STARR SURPLUS LINES INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13613	COLLEGE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13625	WESTERN MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13625-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13625-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13634	ESSENT GUARANTY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$26,705.57
4/15/2015		$26,705.57
5/15/2015		$26,705.57
6/15/2015		$26,705.57
7/15/2015		$26,705.57
8/15/2015		$26,705.57
	TOTAL INSTALLMENTS PAID IN 2015:	**$160,233.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13634-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13677	AFFILIATES INSURANCE RECIPROCAL, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13694	AIG STRUCTURED MORTGAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	13695	NATIONAL MORTGAGE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$951.76
4/15/2015		$951.76
5/15/2015		$951.76
6/15/2015		$951.76
7/15/2015		$951.76
8/15/2015		$951.76
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,710.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13695-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13703	GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13703-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13703-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13714	PHARMACISTS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$10,799.67
4/15/2015		$10,799.67
5/15/2015		$10,799.67
6/15/2015		$10,799.67
7/15/2015		$10,799.67
8/15/2015		$10,799.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$64,798.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13714-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13714-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,245 vehicles covered during 7/1/2014 to 12/31/2014	**$622.50**
Auto Theft Authority Assessment for 1,209 vehicles covered during 1/1/2015 to 6/30/2015	**$604.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13720	CROSSFIT RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$494.70	
4/15/2015		$494.70	
5/15/2015		$494.70	
6/15/2015		$494.70	
7/15/2015		$494.70	
8/15/2015		$494.70	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,968.20**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13722	KNIGHTBROOK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$13,022.01
4/15/2015		$13,022.01
5/15/2015		$13,022.01
6/15/2015		$13,022.01
7/15/2015		$13,022.01
8/15/2015		$13,022.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$78,132.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13722-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-13722-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-13722-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 50,676 vehicles covered during 7/1/2014 to 12/31/2014	**$25,338.00**
Auto Theft Authority Assessment for 8,052 vehicles covered during 1/1/2015 to 6/30/2015	**$4,026.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13730	SELECTIVE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,946.66
4/15/2015		$1,946.66
5/15/2015		$1,946.66
6/15/2015		$1,946.66
7/15/2015		$1,946.66
8/15/2015		$1,946.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,679.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13730-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13736	RED ROCK RISK RETENTION GROUP, INC.

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13751	COPPERPOINT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13773	FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$182,298.71
4/15/2015		$182,298.71
5/15/2015		$182,298.71
6/15/2015		$182,298.71
7/15/2015		$182,298.71
8/15/2015		$182,298.71
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,093,792.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13773-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13773-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 49,118 vehicles covered during 7/1/2014 to 12/31/2014	**$24,559.00**
Auto Theft Authority Assessment for 48,134 vehicles covered during 1/1/2015 to 6/30/2015	**$24,067.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13787	PARTNER REINSURANCE COMPANY LTD.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13791	AVIATION ALLIANCE INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13792	NEW HOME WARRANTY INSURANCE CO., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$696.70	
4/15/2015		$696.70	
5/15/2015		$696.70	
6/15/2015		$696.70	
7/15/2015		$696.70	
8/15/2015		$696.70	
		TOTAL INSTALLMENTS PAID IN 2015:	**$4,180.20**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13838	FARMLAND MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,928.17
4/15/2015		$4,928.17
5/15/2015		$4,928.17
6/15/2015		$4,928.17
7/15/2015		$4,928.17
8/15/2015		$4,928.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,569.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13838-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13838-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 270 vehicles covered during 7/1/2014 to 12/31/2014	**$135.00**
Auto Theft Authority Assessment for 374 vehicles covered during 1/1/2015 to 6/30/2015	**$187.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13893	COMMUNITY BLOOD CENTERS' EXCHANGE RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

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: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**IA**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**MU**	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13921	MONTPELIER REINSURANCE LTD.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13928	COPPERPOINT INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13929	COPPERPOINT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13930	COMMONWEALTH CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$62,316.82	
4/15/2015		$62,316.82	
5/15/2015		$62,316.82	
6/15/2015		$62,316.82	
7/15/2015		$62,316.82	
8/15/2015		$62,316.82	
		TOTAL INSTALLMENTS PAID IN 2015:	**$373,900.92**

Auto Theft Authority Assessment for 37,518 vehicles covered during 7/1/2014 to 12/31/2014	**$18,759.00**
Auto Theft Authority Assessment for 45,567 vehicles covered during 1/1/2015 to 6/30/2015	**$22,783.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13935	FEDERATED MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$22,452.21
4/15/2015		$22,452.21
5/15/2015		$22,452.21
6/15/2015		$22,452.21
7/15/2015		$22,452.21
8/15/2015		$22,452.21
	TOTAL INSTALLMENTS PAID IN 2015:	**$134,713.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13935-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13935-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-13935-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 2,358 vehicles covered during 7/1/2014 to 12/31/2014	**$1,179.00**
Auto Theft Authority Assessment for 2,723 vehicles covered during 1/1/2015 to 6/30/2015	**$1,361.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13978	FLORISTS' MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$431.33
4/15/2015		$431.33
5/15/2015		$431.33
6/15/2015		$431.33
7/15/2015		$431.33
8/15/2015		$431.33
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,587.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-13978-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-13978-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 13 vehicles covered during 7/1/2014 to 12/31/2014	**$6.50**
Auto Theft Authority Assessment for 18 vehicles covered during 1/1/2015 to 6/30/2015	**$9.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13986	FRANKENMUTH MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-13986-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-13986-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13990	FIRST COMMUNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13995	PHYSICIANS CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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

Installment Due Date		Installments Paid	
3/15/2015		$495.61	
4/15/2015		$495.61	
5/15/2015		$495.61	
6/15/2015		$495.61	
7/15/2015		$495.61	
8/15/2015		$495.61	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,973.66**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14004	UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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

Installment Due Date		Installments Paid
3/15/2015		$7,324.47
4/15/2015		$7,324.47
5/15/2015		$7,324.47
6/15/2015		$7,324.47
7/15/2015		$7,324.47
8/15/2015		$7,324.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$43,946.82**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14010	CRUSADER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14010-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-14010-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-14010-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14026	SUNLAND RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$374.40	
4/15/2015		$374.40	
5/15/2015		$374.40	
6/15/2015		$374.40	
7/15/2015		$374.40	
8/15/2015		$374.40	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,246.40**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14033	RENAISSANCE REINSURANCE LTD.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14034	DAVINCI REINSURANCE LTD.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14062	MMIC RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14108	PIA PROFESSIONAL LIABILITY INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14122	WESTERN CATHOLIC INSURANCE COMPANY, RRG INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$2,247.82	
4/15/2015		$2,247.82	
5/15/2015		$2,247.82	
6/15/2015		$2,247.82	
7/15/2015		$2,247.82	
8/15/2015		$2,247.82	
		TOTAL INSTALLMENTS PAID IN 2015:	**$13,486.92**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14133	QUALITAS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,775.45
4/15/2015		$2,775.45
5/15/2015		$2,775.45
6/15/2015		$2,775.45
7/15/2015		$2,775.00
8/15/2015		$2,775.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,651.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14133-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14133-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
Auto Theft Authority Assessment for 871 vehicles covered during 1/1/2015 to 6/30/2015		**$435.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14135	RPX RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14137	GEICO SECURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14137-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14137-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14138	GEICO ADVANTAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14138-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-14138-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14139	GEICO CHOICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14139-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14139-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14160	COVERYS RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14184	ACUITY, A MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$113,763.67
4/15/2015		$113,763.67
5/15/2015		$113,763.67
6/15/2015		$113,763.67
7/15/2015		$113,763.67
8/15/2015		$113,763.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$682,582.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14184-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-14184-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-14184-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 17,910 vehicles covered during 7/1/2014 to 12/31/2014	**$8,955.00**
Auto Theft Authority Assessment for 17,768 vehicles covered during 1/1/2015 to 6/30/2015	**$8,884.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14190	OBI NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14190-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14206	HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	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**

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

Installment Due Date		Installments Paid
3/15/2015		$13,254.93
4/15/2015		$13,254.93
5/15/2015		$13,254.93
6/15/2015		$13,254.93
7/15/2015		$13,254.93
8/15/2015		$13,254.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$79,529.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14206-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14207	SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$2,966.44
4/15/2015		$2,966.44
5/15/2015		$2,966.44
6/15/2015		$2,966.44
7/15/2015		$2,966.44
8/15/2015		$2,966.44
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,798.64**

Auto Theft Authority Assessment for 198 vehicles covered during 7/1/2014 to 12/31/2014	**$99.00**
Auto Theft Authority Assessment for 33 vehicles covered during 1/1/2015 to 6/30/2015	**$16.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14216	COPPERPOINT MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14240	FIRST NATIONAL TITLE INSURANCE COMPANY

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: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14240-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14249	FOUNDERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14249-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14249-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14257	IMT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14257-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-14257-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14260	ORTHOFORUM INSURANCE COMPANY (A RISK RETENTION GROUP)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14265	INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,094.83
4/15/2015		$2,094.83
5/15/2015		$2,094.83
6/15/2015		$2,094.83
7/15/2015		$2,094.83
8/15/2015		$2,094.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,568.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14265-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14265-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 46 vehicles covered during 7/1/2014 to 12/31/2014	**$23.00**
Auto Theft Authority Assessment for 47 vehicles covered during 1/1/2015 to 6/30/2015	**$23.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14347	DOCTORS CO RISK RETENTION GROUP, A REC EXCHANGE (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14354	JEWELERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,156.63
4/15/2015		$6,156.63
5/15/2015		$6,156.63
6/15/2015		$6,156.63
7/15/2015		$6,156.63
8/15/2015		$6,156.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$36,939.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14354-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-14354-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14366	NASW RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14375	IRONSHORE RISK RETENTION GROUP (D.C.), INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14380	BUILD AMERICA MUTUAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14388	CHEROKEE GUARANTEE COMPANY, INC. A RISK RETENTION GROUP

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: 3/31/2016

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	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14395	TERRAFIRMA RISK RETENTION GROUP, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	$0.00
Annual Statement Filing Fee	$0.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14406	INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,601.10
5/15/2015		$800.55
6/15/2015		$800.55
7/15/2015		$800.55
8/15/2015		$800.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,803.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14406-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-14406-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14425	ASSOCIATION OF CERTIFIED MORTGAGE ORIGINATORS RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14460	PODIATRY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,418.60
4/15/2015		$4,418.60
5/15/2015		$4,418.60
6/15/2015		$4,418.60
7/15/2015		$4,418.60
8/15/2015		$4,418.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,511.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-14460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14494	MERCHANTS BONDING COMPANY (MUTUAL)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$13,043.00
4/15/2015		$13,043.00
5/15/2015		$13,043.25
6/15/2015		$13,043.00
7/15/2015		$13,043.00
8/15/2015		$13,043.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$78,258.25**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14494-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14494-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	14508	MICHIGAN MILLERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14508-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14508-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14559	GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,819.39
4/15/2015		$2,819.39
5/15/2015		$2,819.39
6/15/2015		$2,819.39
7/15/2015		$2,819.39
8/15/2015		$2,819.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,916.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14559-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14559-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14641	MAGELLAN COMPLETE CARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14648	MOUNTAIN STATES MUTUAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14673	ASPEN BERMUDA LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14676	COMPASS COOPERATIVE HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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

Installment Due Date		Installments Paid
3/15/2015		$18,845.30
4/15/2015		$18,760.17
5/15/2015		$18,760.17
6/15/2015		$18,760.17
7/15/2015		$18,760.17
8/15/2015		$18,760.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$112,646.15**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14689	U.S. LEGAL SERVICES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,739.52
4/15/2015		$1,739.52
5/15/2015		$1,739.52
6/15/2015		$1,739.52
7/15/2015		$1,739.52
8/15/2015		$1,739.52
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,437.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14689-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14702	EASTGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-14702-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-14702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14704	CENPATICO OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14761	MUTUAL OF ENUMCLAW INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$21,934.20
4/15/2015		$21,934.20
5/15/2015		$21,934.20
6/15/2015		$21,934.20
7/15/2015		$21,934.20
8/15/2015		$21,934.20
	TOTAL INSTALLMENTS PAID IN 2015:	**$131,605.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14761-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14761-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 4,822 vehicles covered during 7/1/2014 to 12/31/2014	**$2,411.00**
Auto Theft Authority Assessment for 10,663 vehicles covered during 1/1/2015 to 6/30/2015	**$5,331.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14788	NGM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$18,645.72
4/15/2015		$18,645.72
5/15/2015		$18,645.72
6/15/2015		$18,645.72
7/15/2015		$18,645.72
8/15/2015		$18,645.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$111,874.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-14788-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-14788-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14904	MERCY MARICOPA INTEGRATED CARE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14906	COPIC, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14925	LANCASHIRE INSURANCE COMPANY LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	14927	AXIS SPECIALTY LIMITED

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14974	PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,954.28
4/15/2015		$3,954.28
5/15/2015		$3,954.28
6/15/2015		$3,954.28
7/15/2015		$3,954.28
8/15/2015		$3,954.28
	TOTAL INSTALLMENTS PAID IN 2015:	**$23,725.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14974-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-14974-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 209 vehicles covered during 7/1/2014 to 12/31/2014	**$104.50**
Auto Theft Authority Assessment for 260 vehicles covered during 1/1/2015 to 6/30/2015	**$130.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14990	PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-14990-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-14990-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-14990-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15032	GUIDEONE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,013.25
4/15/2015		$5,013.25
5/15/2015		$5,013.25
6/15/2015		$5,013.25
7/15/2015		$5,013.25
8/15/2015		$5,013.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$30,079.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-15032-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-15032-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-15032-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 342 vehicles covered during 7/1/2014 to 12/31/2014	**$171.00**
Auto Theft Authority Assessment for 348 vehicles covered during 1/1/2015 to 6/30/2015	**$174.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15059	PUBLIC SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$100.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$100.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15059-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15059-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15081	HEALTH CHOICE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$8,606.49
4/15/2015		$8,606.49
5/15/2015		$8,606.49
6/15/2015		$8,606.49
7/15/2015		$8,606.49
8/15/2015		$8,606.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$51,638.94**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15092	COMPASS COOPERATIVE MUTUAL HEALTH NETWORK, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms.

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.	**$0.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15105	SAFETY NATIONAL CASUALTY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15105-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 715 vehicles covered during 7/1/2014 to 12/31/2014	**$357.50**
Auto Theft Authority Assessment for 1,222 vehicles covered during 1/1/2015 to 6/30/2015	**$611.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15130	ENCOMPASS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$8,485.92
4/15/2015		$8,485.92
5/15/2015		$8,485.92
6/15/2015		$8,485.92
7/15/2015		$8,485.92
8/15/2015		$8,485.92
	TOTAL INSTALLMENTS PAID IN 2015:	**$50,915.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15130-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,100 vehicles covered during 7/1/2014 to 12/31/2014	**$550.00**
Auto Theft Authority Assessment for 800 vehicles covered during 1/1/2015 to 6/30/2015	**$400.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15204	CONTINENTAL RISK UNDERWRITERS RISK RETENTION GROUP, INC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15208	ONYX INSURANCE COMPANY, INC., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15211	LONE STAR ALLIANCE, INC., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15238	COMPREHENSIVE MOBILE INSURANCE ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15261	SOCIETY INSURANCE, A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15377	WESTERN NATIONAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,964.64
4/15/2015		$1,964.64
5/15/2015		$1,964.64
6/15/2015		$1,964.64
7/15/2015		$1,964.64
8/15/2015		$1,964.64
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,787.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15377-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15377-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15385	ONECIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15385-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15385-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15447	BRIDGEWAY ADVANTAGE SOLUTIONS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15474	NATIONAL LLOYDS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15474-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15474-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15527	MICA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15529	TOKIO MILLENNIUM RE AG (U.S. BRANCH)

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15563	SEABRIGHT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-15563-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-15563-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-15563-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15582	BAY INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15586	PRESERVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15586-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15586-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15590	AMSHIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-15590-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-15590-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15597	A-ONE COMMERCIAL INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15610	AXIS SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-15610-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-15610-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15635	VALIDUS REINSURANCE, LTD.

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NJ**	**Business Type**	**AT**	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	**ST**	STOCK CORPORATION

FEES

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15679	NATIONAL FIRE AND INDEMNITY EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-15679-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-15679-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2014 to 12/31/2014	**$10.00**
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2015 to 6/30/2015	**$10.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15691	CLEAR SPRING LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15738	MEDCHOICE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15744	ROMULUS INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15756	RADNOR SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15865	NCMIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,406.96
4/15/2015		$5,406.96
5/15/2015		$5,406.96
6/15/2015		$5,406.96
7/15/2015		$5,406.96
8/15/2015		$5,406.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$32,441.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-15865-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-15865-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15873	UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$35,530.02
4/15/2015		$35,530.02
5/15/2015		$35,530.02
6/15/2015		$35,530.02
7/15/2015		$35,530.02
8/15/2015		$35,530.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$213,180.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-15873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15911	AMERICAN MINING INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-15911-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-15911-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2014 to 12/31/2014	**$1.00**
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2015 to 6/30/2015	**$2.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15954	AMTRUST INSURANCE COMPANY OF KANSAS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,274.87
4/15/2015		$3,274.87
5/15/2015		$3,274.87
6/15/2015		$3,274.87
7/15/2015		$3,274.87
8/15/2015		$3,274.87
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,649.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-15954-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-15954-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 244 vehicles covered during 7/1/2014 to 12/31/2014	**$122.00**
Auto Theft Authority Assessment for 592 vehicles covered during 1/1/2015 to 6/30/2015	**$296.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16063	UNITRIN AUTO AND HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16063-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-16063-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16187	MOSAIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-16187-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-16187-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-16187-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16217	NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$597.25
4/15/2015		$597.25
5/15/2015		$597.25
6/15/2015		$597.25
7/15/2015		$597.25
8/15/2015		$597.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,583.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16217-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-16217-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-16217-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 130 vehicles covered during 7/1/2014 to 12/31/2014	**$65.00**
Auto Theft Authority Assessment for 124 vehicles covered during 1/1/2015 to 6/30/2015	**$62.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16322	PROGRESSIVE DIRECT INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16535	ZURICH AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$194,152.54
4/15/2015		$194,152.54
5/15/2015		$194,152.54
6/15/2015		$194,152.54
7/15/2015		$194,152.54
8/15/2015		$194,152.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,164,915.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16535-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-16535-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-16535-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 7,672 vehicles covered during 7/1/2014 to 12/31/2014	**$3,836.00**
Auto Theft Authority Assessment for 7,650 vehicles covered during 1/1/2015 to 6/30/2015	**$3,825.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16578	STILLWATER PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16578-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-16578-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-16578-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16608	NEW YORK MARINE AND GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$9,539.48
4/15/2015		$9,539.48
5/15/2015		$9,539.48
6/15/2015		$9,539.48
7/15/2015		$9,539.48
8/15/2015		$9,539.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$57,236.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16608-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-16608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 96 vehicles covered during 7/1/2014 to 12/31/2014	**$48.00**
Auto Theft Authority Assessment for 152 vehicles covered during 1/1/2015 to 6/30/2015	**$76.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16624	ALLIED WORLD SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$13,186.08
4/15/2015		$13,186.08
5/15/2015		$13,186.08
6/15/2015		$13,186.08
7/15/2015		$13,186.08
8/15/2015		$13,186.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$79,116.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16624-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-16624-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 214 vehicles covered during 7/1/2014 to 12/31/2014	**$107.00**
Auto Theft Authority Assessment for 58 vehicles covered during 1/1/2015 to 6/30/2015	**$29.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16659	UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF NC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16659-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-16659-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16675	GENWORTH MORTGAGE INSURANCE CORPORATION OF N C

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-16675-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16691	GREAT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$41,797.11
4/15/2015		$41,797.11
5/15/2015		$41,797.11
6/15/2015		$41,797.11
7/15/2015		$41,797.11
8/15/2015		$41,797.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$250,782.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-16691-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-16691-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-16691-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 176 vehicles covered during 7/1/2014 to 12/31/2014	**$88.00**
Auto Theft Authority Assessment for 286 vehicles covered during 1/1/2015 to 6/30/2015	**$143.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16705	DEALERS ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,133.11
4/15/2015		$2,133.11
5/15/2015		$2,133.11
6/15/2015		$2,133.11
7/15/2015		$2,133.11
8/15/2015		$2,133.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,798.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-16705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-16705-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	16713	BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-16713-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-16713-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16802	INFINITY SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-16802-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-16802-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16810	AMERICAN MERCURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,203.85
4/15/2015		$2,203.85
5/15/2015		$2,203.85
6/15/2015		$2,203.85
7/15/2015		$2,203.85
8/15/2015		$2,203.85
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,223.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-16810-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-16810-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17221	HOMESITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-17221-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-17221-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-17221-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17230	ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$277,475.86
4/15/2015		$277,475.86
5/15/2015		$277,475.86
6/15/2015		$277,475.86
7/15/2015		$277,475.86
8/15/2015		$277,475.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,664,855.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-17230-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-17230-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-17230-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 47,753 vehicles covered during 7/1/2014 to 12/31/2014	**$23,876.50**
Auto Theft Authority Assessment for 49,996 vehicles covered during 1/1/2015 to 6/30/2015	**$24,998.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17248	FLORIDA SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-17248-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-17248-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17370	NAUTILUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$1,777.58	
4/15/2015		$1,777.58	
5/15/2015		$1,777.58	
6/15/2015		$1,777.58	
7/15/2015		$1,777.58	
8/15/2015		$1,777.58	
		TOTAL INSTALLMENTS PAID IN 2015:	**$10,665.48**

Auto Theft Authority Assessment for 142 vehicles covered during 7/1/2014 to 12/31/2014	**$71.00**
Auto Theft Authority Assessment for 115 vehicles covered during 1/1/2015 to 6/30/2015	**$57.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17965	AMERICAN SENTINEL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-17965-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-17965-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-17965-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18023	STAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,444.09
4/15/2015		$4,444.09
5/15/2015		$4,444.09
6/15/2015		$4,444.09
7/15/2015		$4,444.09
8/15/2015		$4,444.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,664.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18023-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-18023-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-18023-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 139 vehicles covered during 7/1/2014 to 12/31/2014	**$69.50**
Auto Theft Authority Assessment for 125 vehicles covered during 1/1/2015 to 6/30/2015	**$62.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18031	TOPA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,215.14
4/15/2015		$2,215.14
5/15/2015		$2,215.14
6/15/2015		$2,215.14
7/15/2015		$2,215.14
8/15/2015		$2,215.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,290.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18031-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18031-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,271 vehicles covered during 7/1/2014 to 12/31/2014	**$635.50**
Auto Theft Authority Assessment for 477 vehicles covered during 1/1/2015 to 6/30/2015	**$238.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18058	PHILADELPHIA INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$37,088.00
4/15/2015		$37,088.00
5/15/2015		$37,088.00
6/15/2015		$37,088.00
7/15/2015		$37,088.00
8/15/2015		$37,088.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$222,528.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18058-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18058-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-18058-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 7,566 vehicles covered during 7/1/2014 to 12/31/2014	**$3,783.00**
Auto Theft Authority Assessment for 17,504 vehicles covered during 1/1/2015 to 6/30/2015	**$8,752.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18139	PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$54,161.58
4/15/2015		$54,161.58
5/15/2015		$54,161.58
6/15/2015		$54,161.58
7/15/2015		$54,161.58
8/15/2015		$54,161.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$324,969.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18139-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-18139-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 32,026 vehicles covered during 7/1/2014 to 12/31/2014	**$16,013.00**
Auto Theft Authority Assessment for 26,250 vehicles covered during 1/1/2015 to 6/30/2015	**$13,125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	18279	BANKERS STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$41,639.70
4/15/2015		$41,639.70
5/15/2015		$41,639.70
6/15/2015		$41,639.70
7/15/2015		$41,639.70
8/15/2015		$41,639.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$249,838.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18279-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-18279-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-18279-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 4,642 vehicles covered during 7/1/2014 to 12/31/2014	**$2,321.00**
Auto Theft Authority Assessment for 4,822 vehicles covered during 1/1/2015 to 6/30/2015	**$2,411.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18287	ASSURED GUARANTY MUNICIPAL CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,063.93
4/15/2015		$1,063.93
5/15/2015		$1,063.93
6/15/2015		$1,063.93
7/15/2015		$1,063.93
8/15/2015		$1,063.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,383.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18287-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18287-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18333	PEERLESS INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$43,163.67
4/15/2015		$43,163.67
5/15/2015		$43,163.67
6/15/2015		$43,163.67
7/15/2015		$43,163.67
8/15/2015		$43,163.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$258,982.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18333-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18333-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 3,873 vehicles covered during 7/1/2014 to 12/31/2014	**$1,936.50**
Auto Theft Authority Assessment for 3,130 vehicles covered during 1/1/2015 to 6/30/2015	**$1,565.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18468	INDEMNITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18468-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-18468-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18600	USAA GENERAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$231,715.95
4/15/2015		$231,715.95
5/15/2015		$231,715.95
6/15/2015		$231,715.95
7/15/2015		$231,715.95
8/15/2015		$231,715.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,390,295.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18600-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-18600-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 69,421 vehicles covered during 7/1/2014 to 12/31/2014	**$34,710.50**
Auto Theft Authority Assessment for 75,339 vehicles covered during 1/1/2015 to 6/30/2015	**$37,669.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	18619	PLATTE RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,791.54
4/15/2015		$4,791.54
5/15/2015		$4,791.54
6/15/2015		$4,791.54
7/15/2015		$4,791.54
8/15/2015		$4,791.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,749.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18619-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18619-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18694	GREAT MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,782.34
4/15/2015		$2,782.34
5/15/2015		$2,782.34
6/15/2015		$2,782.34
7/15/2015		$2,782.34
8/15/2015		$2,782.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,694.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-18694-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-18694-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18694-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 349 vehicles covered during 7/1/2014 to 12/31/2014	**$174.50**
Auto Theft Authority Assessment for 347 vehicles covered during 1/1/2015 to 6/30/2015	**$173.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18708	AMBAC ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18708-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	18732	ARCH MORTGAGE GUARANTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18732-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18740	MGIC INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18740-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18750	MERIT HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18750-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-18750-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18767	CHURCH MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$18,735.30
4/15/2015		$18,735.30
5/15/2015		$18,735.30
6/15/2015		$18,735.30
7/15/2015		$18,735.30
8/15/2015		$18,735.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$112,411.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18767-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-18767-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-18767-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 327 vehicles covered during 7/1/2014 to 12/31/2014	**$163.50**
Auto Theft Authority Assessment for 337 vehicles covered during 1/1/2015 to 6/30/2015	**$168.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18813	DENTISTS BENEFITS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,259.18
4/15/2015		$1,259.18
5/15/2015		$1,259.18
6/15/2015		$1,259.18
7/15/2015		$1,259.18
8/15/2015		$1,259.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,555.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18813-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18813-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18939	UNITED HERITAGE PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$605.92
4/15/2015		$605.92
5/15/2015		$605.92
6/15/2015		$622.00
7/15/2015		$622.00
8/15/2015		$622.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,683.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-18939-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18939-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 64 vehicles covered during 7/1/2014 to 12/31/2014	**$32.00**
Auto Theft Authority Assessment for 63 vehicles covered during 1/1/2015 to 6/30/2015	**$31.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18953	CSE SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18953-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-18953-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18961	CRESTBROOK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,795.65
4/15/2015		$3,795.65
5/15/2015		$3,795.65
6/15/2015		$3,795.65
7/15/2015		$3,795.65
8/15/2015		$3,795.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$22,773.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-18961-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-18961-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 760 vehicles covered during 7/1/2014 to 12/31/2014	**$380.00**
Auto Theft Authority Assessment for 737 vehicles covered during 1/1/2015 to 6/30/2015	**$368.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18988	AUTO-OWNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$90,690.43
4/15/2015		$90,690.43
5/15/2015		$90,690.43
6/15/2015		$90,690.43
7/15/2015		$90,690.43
8/15/2015		$90,690.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$544,142.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-18988-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-18988-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-18988-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 11,456 vehicles covered during 7/1/2014 to 12/31/2014	**$5,728.00**
Auto Theft Authority Assessment for 12,618 vehicles covered during 1/1/2015 to 6/30/2015	**$6,309.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19038	TRAVELERS CASUALTY AND SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,051.43
4/15/2015		$1,051.43
5/15/2015		$1,051.43
6/15/2015		$1,051.43
7/15/2015		$1,051.43
8/15/2015		$1,051.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,308.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19038-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19038-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19038-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19046	TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$52,373.70
4/15/2015		$52,373.70
5/15/2015		$52,373.70
6/15/2015		$52,373.70
7/15/2015		$52,373.70
8/15/2015		$52,373.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$314,242.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19046-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19046-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 392 vehicles covered during 7/1/2014 to 12/31/2014	**$196.00**
Auto Theft Authority Assessment for 334 vehicles covered during 1/1/2015 to 6/30/2015	**$167.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19062	AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$37,080.16
4/15/2015		$37,080.16
5/15/2015		$37,080.16
6/15/2015		$37,080.16
7/15/2015		$37,080.16
8/15/2015		$37,080.16
	TOTAL INSTALLMENTS PAID IN 2015:	**$222,480.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19062-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19062-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19062-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19070	STANDARD FIRE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,976.51
4/15/2015		$11,976.51
5/15/2015		$11,976.51
6/15/2015		$11,976.51
7/15/2015		$11,976.51
8/15/2015		$11,976.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$71,859.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19070-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-19070-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19070-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2014 to 12/31/2014	**$2.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19100	AMCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$122,629.76
4/15/2015		$122,629.76
5/15/2015		$122,629.76
6/15/2015		$122,629.76
7/15/2015		$122,629.76
8/15/2015		$122,629.76
	TOTAL INSTALLMENTS PAID IN 2015:	**$735,778.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19100-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19100-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 11,257 vehicles covered during 7/1/2014 to 12/31/2014	**$5,628.50**
Auto Theft Authority Assessment for 11,450 vehicles covered during 1/1/2015 to 6/30/2015	**$5,725.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19119	NATIONAL UNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,777.22
4/15/2015		$4,777.22
5/15/2015		$4,777.22
6/15/2015		$4,777.22
7/15/2015		$4,777.22
8/15/2015		$4,777.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,663.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19119-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19119-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 385 vehicles covered during 7/1/2014 to 12/31/2014	**$192.50**
Auto Theft Authority Assessment for 1,949 vehicles covered during 1/1/2015 to 6/30/2015	**$974.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19216	SOUTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,801.35
4/15/2015		$1,801.35
5/15/2015		$1,801.35
6/15/2015		$1,801.35
7/15/2015		$1,801.35
8/15/2015		$1,801.35
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,808.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19216-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19216-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19216-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 203 vehicles covered during 7/1/2014 to 12/31/2014	**$101.50**
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2015 to 6/30/2015	**$4.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19224	ST. PAUL PROTECTIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19224-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19224-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-19224-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19232	ALLSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$223,583.46
4/15/2015		$223,583.46
5/15/2015		$223,583.46
6/15/2015		$223,583.46
7/15/2015		$223,583.46
8/15/2015		$223,583.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,341,500.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19232-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 42,300 vehicles covered during 7/1/2014 to 12/31/2014	**$21,150.00**
Auto Theft Authority Assessment for 38,768 vehicles covered during 1/1/2015 to 6/30/2015	**$19,384.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19240	ALLSTATE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$238,053.00
4/15/2015		$238,053.00
5/15/2015		$238,053.00
6/15/2015		$238,053.00
7/15/2015		$238,053.00
8/15/2015		$238,053.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,428,318.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19240-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-19240-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19240-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 16,191 vehicles covered during 7/1/2014 to 12/31/2014	**$8,095.50**
Auto Theft Authority Assessment for 16,834 vehicles covered during 1/1/2015 to 6/30/2015	**$8,417.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19275	AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$545,853.69
4/15/2015		$545,853.69
5/15/2015		$545,853.69
6/15/2015		$545,853.69
7/15/2015		$545,853.69
8/15/2015		$545,853.69
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,275,122.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19275-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-19275-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19275-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 188,676 vehicles covered during 7/1/2014 to 12/31/2014	**$94,338.00**
Auto Theft Authority Assessment for 186,259 vehicles covered during 1/1/2015 to 6/30/2015	**$93,129.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19283	AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$68,354.97
4/15/2015		$68,354.97
5/15/2015		$68,354.97
6/15/2015		$68,354.97
7/15/2015		$68,354.97
8/15/2015		$68,354.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$410,129.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19283-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19283-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 17,935 vehicles covered during 7/1/2014 to 12/31/2014	**$8,967.50**
Auto Theft Authority Assessment for 16,975 vehicles covered during 1/1/2015 to 6/30/2015	**$8,487.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19305	ASSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19305-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-19305-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19305-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19348	CAPSON PHYSICIANS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,285.39
4/15/2015		$2,285.39
5/15/2015		$2,285.39
6/15/2015		$2,285.39
7/15/2015		$2,285.39
8/15/2015		$2,285.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,712.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19348-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19356	MARYLAND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19356-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19356-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19356-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19372	NORTHERN INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19372-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19372-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-19372-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19380	AMERICAN HOME ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19380-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-19380-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
Auto Theft Authority Assessment for 138 vehicles covered during 1/1/2015 to 6/30/2015		**$69.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19399	AIU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19399-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19399-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-19399-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19402	AIG PROPERTY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,656.12
4/15/2015		$6,656.12
5/15/2015		$6,656.12
6/15/2015		$6,656.12
7/15/2015		$6,656.12
8/15/2015		$6,656.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$39,936.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19402-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19402-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19402-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,747 vehicles covered during 7/1/2014 to 12/31/2014	**$873.50**
Auto Theft Authority Assessment for 1,958 vehicles covered during 1/1/2015 to 6/30/2015	**$979.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19410	COMMERCE AND INDUSTRY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,270.73
4/15/2015		$2,270.73
5/15/2015		$2,270.73
6/15/2015		$2,270.73
7/15/2015		$2,270.73
8/15/2015		$2,270.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,624.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19410-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19410-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 61 vehicles covered during 7/1/2014 to 12/31/2014	**$30.50**
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2015 to 6/30/2015	**$27.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19429	INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,334.37
4/15/2015		$4,334.37
5/15/2015		$4,334.37
6/15/2015		$4,334.37
7/15/2015		$4,334.37
8/15/2015		$4,334.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,006.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19429-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19429-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19429-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 930 vehicles covered during 7/1/2014 to 12/31/2014	**$465.00**
Auto Theft Authority Assessment for 1,241 vehicles covered during 1/1/2015 to 6/30/2015	**$620.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19445	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,833.90
4/15/2015		$6,833.90
5/15/2015		$6,833.90
6/15/2015		$6,833.90
7/15/2015		$6,833.90
8/15/2015		$6,833.90
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,003.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19445-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19445-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,113 vehicles covered during 7/1/2014 to 12/31/2014	**$1,056.50**
Auto Theft Authority Assessment for 2,023 vehicles covered during 1/1/2015 to 6/30/2015	**$1,011.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19453	TRANSATLANTIC REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19453-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19453-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-19453-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19488	AMERISURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,972.62
4/15/2015		$5,972.63
5/15/2015		$5,972.63
6/15/2015		$5,972.63
7/15/2015		$5,972.63
8/15/2015		$5,972.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$35,835.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19488-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19488-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 849 vehicles covered during 7/1/2014 to 12/31/2014	**$424.50**
Auto Theft Authority Assessment for 1,798 vehicles covered during 1/1/2015 to 6/30/2015	**$899.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19489	ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19496	UNITED FIRE & INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19496-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19496-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19518	CATLIN INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$16,717.08
4/15/2015		$16,717.08
5/15/2015		$16,717.08
6/15/2015		$16,717.08
7/15/2015		$16,717.08
8/15/2015		$16,717.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$100,302.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19518-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-19518-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19518-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19526	UFG SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19526-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19526-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19530	HALLMARK NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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 3 vehicles covered during 7/1/2014 to 12/31/2014	**$1.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19615	AMERICAN RELIABLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$30,176.15	
4/15/2015		$30,176.15	
5/15/2015		$30,176.15	
6/15/2015		$30,176.15	
7/15/2015		$30,176.15	
8/15/2015		$30,176.15	
		TOTAL INSTALLMENTS PAID IN 2015:	**$181,056.90**

Auto Theft Authority Assessment for 1,113 vehicles covered during 7/1/2014 to 12/31/2014	**$556.50**
Auto Theft Authority Assessment for 1,232 vehicles covered during 1/1/2015 to 6/30/2015	**$616.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19623	AMERICAN SUMMIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$53,327.96
4/15/2015		$53,327.96
5/15/2015		$53,327.96
6/15/2015		$53,327.96
7/15/2015		$53,327.96
8/15/2015		$53,327.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$319,967.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19623-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-19623-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19623-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19631	AMERICAN ROAD INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,291.18
4/15/2015		$3,291.18
5/15/2015		$3,291.18
6/15/2015		$3,291.18
7/15/2015		$3,290.18
8/15/2015		$3,291.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,746.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19631-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19631-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 147 vehicles covered during 7/1/2014 to 12/31/2014	**$73.50**
Auto Theft Authority Assessment for 150 vehicles covered during 1/1/2015 to 6/30/2015	**$75.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19658	BRISTOL WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19658-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19658-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19682	HARTFORD FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$52,026.27
4/15/2015		$52,026.27
5/15/2015		$52,026.27
6/15/2015		$52,026.27
7/15/2015		$52,026.27
8/15/2015		$52,026.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$312,157.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19682-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-19682-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19682-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,279 vehicles covered during 7/1/2014 to 12/31/2014	**$1,139.50**
Auto Theft Authority Assessment for 2,066 vehicles covered during 1/1/2015 to 6/30/2015	**$1,033.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19690	AMERICAN ECONOMY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,534.91
4/15/2015		$3,534.91
5/15/2015		$3,534.91
6/15/2015		$3,534.91
7/15/2015		$3,534.91
8/15/2015		$3,534.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$21,209.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19690-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19690-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 168 vehicles covered during 7/1/2014 to 12/31/2014	**$84.00**
Auto Theft Authority Assessment for 114 vehicles covered during 1/1/2015 to 6/30/2015	**$57.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19704	AMERICAN STATES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,894.94
4/15/2015		$5,894.94
5/15/2015		$5,894.94
6/15/2015		$5,894.94
7/15/2015		$5,894.94
8/15/2015		$5,894.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$35,369.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19704-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19704-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19704-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 662 vehicles covered during 7/1/2014 to 12/31/2014	**$331.00**
Auto Theft Authority Assessment for 565 vehicles covered during 1/1/2015 to 6/30/2015	**$282.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19712	AMERICAN STATES INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19712-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-19712-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19712-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19720	AMERICAN ALTERNATIVE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$32,245.65
4/15/2015		$32,245.65
5/15/2015		$32,245.65
6/15/2015		$32,245.65
7/15/2015		$32,245.65
8/15/2015		$32,245.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$193,473.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19720-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19720-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19720-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,956 vehicles covered during 7/1/2014 to 12/31/2014	**$978.00**
Auto Theft Authority Assessment for 1,141 vehicles covered during 1/1/2015 to 6/30/2015	**$570.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19801	ARGONAUT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$8,423.90
4/15/2015		$8,423.90
5/15/2015		$8,423.90
6/15/2015		$8,423.90
7/15/2015		$8,423.90
8/15/2015		$16,847.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$58,967.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19801-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19801-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 935 vehicles covered during 7/1/2014 to 12/31/2014	**$467.50**
Auto Theft Authority Assessment for 100 vehicles covered during 1/1/2015 to 6/30/2015	**$50.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19828	ARGONAUT-MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$100.00
4/15/2015		$100.00
5/15/2015		$100.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19828-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19828-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19836	SELECT MARKETS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$25.00
4/15/2015		$25.00
5/15/2015		$25.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$75.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19836-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19836-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19844	ARGONAUT-SOUTHWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$25.00
4/15/2015		$25.00
5/15/2015		$25.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$75.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19844-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19844-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19852	FINANCIAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$687.60
4/15/2015		$687.60
5/15/2015		$687.60
6/15/2015		$687.60
7/15/2015		$687.60
8/15/2015		$687.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,125.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19852-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19852-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19852-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 284 vehicles covered during 7/1/2014 to 12/31/2014	**$142.00**
Auto Theft Authority Assessment for 235 vehicles covered during 1/1/2015 to 6/30/2015	**$117.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19860	ARGONAUT GREAT CENTRAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,624.65
4/15/2015		$2,624.65
5/15/2015		$2,624.65
6/15/2015		$2,624.65
7/15/2015		$2,624.65
8/15/2015		$5,249.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$18,372.55**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19860-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19860-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 32 vehicles covered during 7/1/2014 to 12/31/2014	**$16.00**
Auto Theft Authority Assessment for 64 vehicles covered during 1/1/2015 to 6/30/2015	**$32.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19879	SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19879-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 68 vehicles covered during 7/1/2014 to 12/31/2014	**$34.00**
Auto Theft Authority Assessment for 246 vehicles covered during 1/1/2015 to 6/30/2015	**$123.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19887	TRINITY UNIVERSAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19887-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19887-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19917	LIBERTY INSURANCE UNDERWRITERS INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$44,733.13
4/15/2015		$44,733.13
5/15/2015		$44,733.13
6/15/2015		$44,733.13
7/15/2015		$44,733.13
8/15/2015		$44,733.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$268,398.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19917-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-19917-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19917-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 21 vehicles covered during 7/1/2014 to 12/31/2014	**$10.50**
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2015 to 6/30/2015	**$10.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19941	AMERICAN COMMERCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$20,602.91
4/15/2015		$20,602.91
5/15/2015		$20,602.91
6/15/2015		$20,602.91
7/15/2015		$20,602.91
8/15/2015		$20,602.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$123,617.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19941-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-19941-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19941-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,759 vehicles covered during 7/1/2014 to 12/31/2014	**$1,879.50**
Auto Theft Authority Assessment for 3,320 vehicles covered during 1/1/2015 to 6/30/2015	**$1,660.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19976	AMICA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$75,720.02
4/15/2015		$75,720.02
5/15/2015		$75,720.02
6/15/2015		$75,720.02
7/15/2015		$75,720.02
8/15/2015		$75,720.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$454,320.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-19976-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-19976-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 7,193 vehicles covered during 7/1/2014 to 12/31/2014	**$3,596.50**
Auto Theft Authority Assessment for 6,569 vehicles covered during 1/1/2015 to 6/30/2015	**$3,284.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19984	ACIG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-19984-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19984-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	19992	AMERICAN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,171.82
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,171.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-19992-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-19992-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-19992-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20044	BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,467.49
4/15/2015		$3,467.49
5/15/2015		$3,467.49
6/15/2015		$3,467.49
7/15/2015		$3,467.49
8/15/2015		$3,467.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$20,804.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20044-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20052	NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$20,452.62
4/15/2015		$20,452.62
5/15/2015		$20,452.62
6/15/2015		$20,452.62
7/15/2015		$20,452.62
8/15/2015		$20,452.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$122,715.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20052-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 707 vehicles covered during 7/1/2014 to 12/31/2014	**$353.50**
Auto Theft Authority Assessment for 751 vehicles covered during 1/1/2015 to 6/30/2015	**$375.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	20087	NATIONAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$28,316.11
4/15/2015		$28,316.11
5/15/2015		$28,316.11
6/15/2015		$28,316.11
7/15/2015		$28,316.11
8/15/2015		$28,316.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$169,896.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20087-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-20087-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-20087-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 451 vehicles covered during 7/1/2014 to 12/31/2014	**$225.50**
Auto Theft Authority Assessment for 427 vehicles covered during 1/1/2015 to 6/30/2015	**$213.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20095	BITCO GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,694.70
4/15/2015		$1,694.70
5/15/2015		$1,694.70
6/15/2015		$1,694.70
7/15/2015		$1,694.70
8/15/2015		$1,694.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,168.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20095-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20095-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 124 vehicles covered during 7/1/2014 to 12/31/2014	**$62.00**
Auto Theft Authority Assessment for 152 vehicles covered during 1/1/2015 to 6/30/2015	**$76.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20109	BITCO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$469.84
4/15/2015		$469.84
5/15/2015		$469.84
6/15/2015		$469.84
7/15/2015		$469.84
8/15/2015		$469.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,819.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20109-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3 vehicles covered during 7/1/2014 to 12/31/2014	**$1.50**
Auto Theft Authority Assessment for 39 vehicles covered during 1/1/2015 to 6/30/2015	**$19.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20117	CALIFORNIA CASUALTY INDEMNITY EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$10,500.00
4/15/2015		$10,500.00
5/15/2015		$9,975.44
6/15/2015		$9,975.44
7/15/2015		$9,975.44
8/15/2015		$9,975.44
	TOTAL INSTALLMENTS PAID IN 2015:	**$60,901.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20117-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20117-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20125	CALIFORNIA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20125-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20125-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20141	NATIONAL TRUST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20141-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20141-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20222	ALL AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,436.36
4/15/2015		$5,436.36
5/15/2015		$5,436.36
6/15/2015		$5,436.36
7/15/2015		$5,436.36
8/15/2015		$5,436.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$32,618.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20222-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20222-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 96 vehicles covered during 7/1/2014 to 12/31/2014	**$48.00**
Auto Theft Authority Assessment for 608 vehicles covered during 1/1/2015 to 6/30/2015	**$304.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	20230	CENTRAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$62,202.73
4/15/2015		$62,202.73
5/15/2015		$62,202.73
6/15/2015		$62,202.73
7/15/2015		$62,202.73
8/15/2015		$62,202.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$373,216.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20230-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20230-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 9,710 vehicles covered during 7/1/2014 to 12/31/2014	**$4,855.00**
Auto Theft Authority Assessment for 10,598 vehicles covered during 1/1/2015 to 6/30/2015	**$5,299.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	20260	INFINITY SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,823.90
4/15/2015		$3,823.90
5/15/2015		$3,823.90
6/15/2015		$3,823.90
7/15/2015		$3,823.90
8/15/2015		$3,823.90
	TOTAL INSTALLMENTS PAID IN 2015:	**$22,943.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20260-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20260-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4,756 vehicles covered during 7/1/2014 to 12/31/2014	**$2,378.00**
Auto Theft Authority Assessment for 4,417 vehicles covered during 1/1/2015 to 6/30/2015	**$2,208.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20273	WRM AMERICA INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20273-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20273-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-20273-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20281	FEDERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$164,764.93
4/15/2015		$164,764.93
5/15/2015		$164,764.93
6/15/2015		$164,764.93
7/15/2015		$164,765.93
8/15/2015		$164,764.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$988,590.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20281-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20281-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-20281-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 1,916 vehicles covered during 7/1/2014 to 12/31/2014	**$958.00**
Auto Theft Authority Assessment for 1,952 vehicles covered during 1/1/2015 to 6/30/2015	**$976.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20303	GREAT NORTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$22,058.72
4/15/2015		$22,058.72
5/15/2015		$22,058.72
6/15/2015		$22,058.72
7/15/2015		$22,058.72
8/15/2015		$22,058.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$132,352.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20303-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-20303-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20303-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,045 vehicles covered during 7/1/2014 to 12/31/2014	**$522.50**
Auto Theft Authority Assessment for 1,086 vehicles covered during 1/1/2015 to 6/30/2015	**$543.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20311	SYNCORA GUARANTEE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20311-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20338	PALOMAR SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20338-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20346	PACIFIC INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$91,469.02
4/15/2015		$91,469.02
5/15/2015		$91,469.02
6/15/2015		$91,469.02
7/15/2015		$91,469.02
8/15/2015		$91,469.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$548,814.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20346-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20346-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-20346-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 4,759 vehicles covered during 7/1/2014 to 12/31/2014	**$2,379.50**
Auto Theft Authority Assessment for 4,777 vehicles covered during 1/1/2015 to 6/30/2015	**$2,388.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20362	MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,071.67
4/15/2015		$5,071.67
5/15/2015		$5,071.67
6/15/2015		$5,071.67
7/15/2015		$5,071.67
8/15/2015		$5,071.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$30,430.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20362-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-20362-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20362-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 85 vehicles covered during 7/1/2014 to 12/31/2014	**$42.50**
Auto Theft Authority Assessment for 79 vehicles covered during 1/1/2015 to 6/30/2015	**$39.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20370	AXIS REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$350.60
4/15/2015		$350.60
5/15/2015		$350.60
6/15/2015		$350.60
7/15/2015		$350.60
8/15/2015		$350.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,103.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20370-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20370-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-20370-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20397	VIGILANT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$7,688.22
4/15/2015		$7,688.22
5/15/2015		$7,688.22
6/15/2015		$7,688.22
7/15/2015		$7,688.22
8/15/2015		$7,688.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$46,129.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20397-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-20397-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20397-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 493 vehicles covered during 7/1/2014 to 12/31/2014	**$246.50**
Auto Theft Authority Assessment for 471 vehicles covered during 1/1/2015 to 6/30/2015	**$235.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20400	PROSELECT NATIONAL INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	20419	HOMESITE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$51,954.31
4/15/2015		$51,954.31
5/15/2015		$51,954.31
6/15/2015		$51,954.31
7/15/2015		$51,954.31
8/15/2015		$51,954.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$311,725.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20419-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20419-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	20427	AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$27,134.16
4/15/2015		$27,134.16
5/15/2015		$27,134.16
6/15/2015		$27,134.16
7/15/2015		$27,134.16
8/15/2015		$27,134.16
	TOTAL INSTALLMENTS PAID IN 2015:	**$162,804.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20427-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-20427-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-20427-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 724 vehicles covered during 7/1/2014 to 12/31/2014	**$362.00**
Auto Theft Authority Assessment for 714 vehicles covered during 1/1/2015 to 6/30/2015	**$357.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20443	CONTINENTAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$230,916.81
4/15/2015		$230,916.81
5/15/2015		$230,916.81
6/15/2015		$230,916.81
7/15/2015		$230,916.81
8/15/2015		$230,916.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,385,500.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20443-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20443-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20443-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,705 vehicles covered during 7/1/2014 to 12/31/2014	**$852.50**
Auto Theft Authority Assessment for 1,587 vehicles covered during 1/1/2015 to 6/30/2015	**$793.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20451	MIDSTATES REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20451-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20451-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20451-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20478	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$17,318.12
4/15/2015		$17,318.12
5/15/2015		$17,318.12
6/15/2015		$17,318.12
7/15/2015		$17,318.12
8/15/2015		$17,318.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$103,908.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20478-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-20478-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-20478-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 385 vehicles covered during 7/1/2014 to 12/31/2014	**$192.50**
Auto Theft Authority Assessment for 459 vehicles covered during 1/1/2015 to 6/30/2015	**$229.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20494	TRANSPORTATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$16,176.06
4/15/2015		$16,176.06
5/15/2015		$16,176.06
6/15/2015		$16,176.06
7/15/2015		$16,176.06
8/15/2015		$16,176.06
	TOTAL INSTALLMENTS PAID IN 2015:	**$97,056.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20494-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20494-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-20494-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 728 vehicles covered during 7/1/2014 to 12/31/2014	**$364.00**
Auto Theft Authority Assessment for 516 vehicles covered during 1/1/2015 to 6/30/2015	**$258.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20508	VALLEY FORGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$24,392.36
4/15/2015		$24,392.36
5/15/2015		$24,392.36
6/15/2015		$24,392.36
7/15/2015		$24,392.36
8/15/2015		$24,392.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$146,354.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20508-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20508-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-20508-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 876 vehicles covered during 7/1/2014 to 12/31/2014	**$438.00**
Auto Theft Authority Assessment for 850 vehicles covered during 1/1/2015 to 6/30/2015	**$425.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20516	EULER HERMES NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,061.52
4/15/2015		$3,061.52
5/15/2015		$3,061.52
6/15/2015		$3,061.52
7/15/2015		$3,061.52
8/15/2015		$3,061.52
	TOTAL INSTALLMENTS PAID IN 2015:	**$18,369.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20516-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20516-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20532	CLARENDON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20532-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-20532-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20532-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 15 vehicles covered during 7/1/2014 to 12/31/2014	**$7.50**
Auto Theft Authority Assessment for 15 vehicles covered during 1/1/2015 to 6/30/2015	**$7.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20559	GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$5,701.87
4/15/2015		$5,701.87
5/15/2015		$5,701.87
6/15/2015		$5,701.87
7/15/2015		$5,701.87
8/15/2015		$5,701.87
	TOTAL INSTALLMENTS PAID IN 2015:	**$34,211.22**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20583	XL REINSURANCE AMERICA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-20583-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-20583-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20583-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	20613	SPARTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$914.62
4/15/2015		$914.62
5/15/2015		$914.62
6/15/2015		$914.62
7/15/2015		$914.62
8/15/2015		$914.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,487.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20613-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20613-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-20613-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 91 vehicles covered during 7/1/2014 to 12/31/2014	**$45.50**
Auto Theft Authority Assessment for 58 vehicles covered during 1/1/2015 to 6/30/2015	**$29.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	20621	LAMORAK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20621-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20621-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20621-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20648	EMPLOYERS' FIRE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20648-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-20648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-20648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20699	ACE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$16,661.46
4/15/2015		$16,661.46
5/15/2015		$16,661.46
6/15/2015		$16,661.46
7/15/2015		$16,661.46
8/15/2015		$16,661.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$99,968.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20699-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20699-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20699-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 52 vehicles covered during 7/1/2014 to 12/31/2014	**$26.00**
Auto Theft Authority Assessment for 104 vehicles covered during 1/1/2015 to 6/30/2015	**$52.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20702	ACE FIRE UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20702-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2014 to 12/31/2014		**$1.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20710	CENTURY INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-20710-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-20710-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20710-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20796	21ST CENTURY PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$351.99
4/15/2015		$351.99
5/15/2015		$351.99
6/15/2015		$351.99
7/15/2015		$351.99
8/15/2015		$351.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,111.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20796-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20796-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-20796-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 124 vehicles covered during 7/1/2014 to 12/31/2014	**$62.00**
Auto Theft Authority Assessment for 107 vehicles covered during 1/1/2015 to 6/30/2015	**$53.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20931	ATLANTA INTERNATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20931-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20931-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-20931-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20982	COUNTRY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$607.09
4/15/2015		$607.09
5/15/2015		$607.09
6/15/2015		$607.09
7/15/2015		$607.09
8/15/2015		$607.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,642.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20982-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20982-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 102 vehicles covered during 7/1/2014 to 12/31/2014	**$51.00**
Auto Theft Authority Assessment for 133 vehicles covered during 1/1/2015 to 6/30/2015	**$66.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20990	COUNTRY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$68,837.39
4/15/2015		$68,837.39
5/15/2015		$68,837.39
6/15/2015		$68,837.39
7/15/2015		$68,837.39
8/15/2015		$68,837.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$413,024.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-20990-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-20990-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4,173 vehicles covered during 7/1/2014 to 12/31/2014	**$2,086.50**
Auto Theft Authority Assessment for 3,871 vehicles covered during 1/1/2015 to 6/30/2015	**$1,935.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21008	COUNTRY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$82,372.64
4/15/2015		$82,372.64
5/15/2015		$82,372.64
6/15/2015		$82,372.64
7/15/2015		$82,372.64
8/15/2015		$82,372.64
	TOTAL INSTALLMENTS PAID IN 2015:	**$494,235.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21008-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21008-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 26,834 vehicles covered during 7/1/2014 to 12/31/2014	**$13,417.00**
Auto Theft Authority Assessment for 26,314 vehicles covered during 1/1/2015 to 6/30/2015	**$13,157.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21032	GLOBAL REINSURANCE CORPORATION OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21032-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21032-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21075	FINANCIAL AMERICAN PROPERTY AND CASUALTY IC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21075-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-21075-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-21075-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21105	NORTH RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,912.85
4/15/2015		$1,912.85
5/15/2015		$1,912.85
6/15/2015		$1,912.85
7/15/2015		$1,912.85
8/15/2015		$1,912.85
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,477.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21105-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21105-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2014 to 12/31/2014	**$2.00**
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2015 to 6/30/2015	**$4.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21113	UNITED STATES FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$21,308.84
4/15/2015		$21,308.84
5/15/2015		$21,308.84
6/15/2015		$21,308.84
7/15/2015		$21,308.84
8/15/2015		$21,308.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$127,853.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21113-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21113-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-21113-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 84 vehicles covered during 7/1/2014 to 12/31/2014	**$42.00**
Auto Theft Authority Assessment for 101 vehicles covered during 1/1/2015 to 6/30/2015	**$50.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21164	DAIRYLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$12,609.20
4/15/2015		$12,609.20
5/15/2015		$12,609.02
6/15/2015		$12,609.02
7/15/2015		$12,609.02
8/15/2015		$12,609.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$75,654.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21164-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21164-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 7,283 vehicles covered during 7/1/2014 to 12/31/2014	**$3,641.50**
Auto Theft Authority Assessment for 9,382 vehicles covered during 1/1/2015 to 6/30/2015	**$4,691.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21172	VANLINER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,762.75
4/15/2015		$3,762.75
5/15/2015		$3,762.75
6/15/2015		$3,762.75
7/15/2015		$3,762.75
8/15/2015		$3,762.75
	TOTAL INSTALLMENTS PAID IN 2015:	**$22,576.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21172-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21172-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 444 vehicles covered during 7/1/2014 to 12/31/2014	**$222.00**
Auto Theft Authority Assessment for 437 vehicles covered during 1/1/2015 to 6/30/2015	**$218.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21180	SENTRY SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,679.29
4/15/2015		$6,679.29
5/15/2015		$6,679.29
6/15/2015		$6,679.29
7/15/2015		$6,679.29
8/15/2015		$6,679.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$40,075.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21180-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21180-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 209 vehicles covered during 1/1/2015 to 6/30/2015	**$104.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21253	GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$135,388.02
4/15/2015		$135,388.02
5/15/2015		$135,388.02
6/15/2015		$135,388.02
7/15/2015		$135,388.02
8/15/2015		$135,388.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$812,328.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21253-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21253-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 33,321 vehicles covered during 7/1/2014 to 12/31/2014	**$16,660.50**
Auto Theft Authority Assessment for 35,610 vehicles covered during 1/1/2015 to 6/30/2015	**$17,805.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21261	ELECTRIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$17,413.25
4/15/2015		$17,413.25
5/15/2015		$17,413.25
6/15/2015		$17,413.25
7/15/2015		$17,413.25
8/15/2015		$17,413.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$104,479.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21261-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-21261-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-21261-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 4,475 vehicles covered during 7/1/2014 to 12/31/2014	**$2,237.50**
Auto Theft Authority Assessment for 4,304 vehicles covered during 1/1/2015 to 6/30/2015	**$2,152.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21296	ALTERRA AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$9,507.04
4/15/2015		$9,507.04
5/15/2015		$9,507.04
6/15/2015		$9,507.04
7/15/2015		$9,507.04
8/15/2015		$9,507.04
	TOTAL INSTALLMENTS PAID IN 2015:	**$57,042.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21296-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21296-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-21296-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21326	EMPIRE FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$45,638.37
4/15/2015		$45,638.37
5/15/2015		$45,638.37
6/15/2015		$45,638.37
7/15/2015		$45,638.37
8/15/2015		$45,638.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$273,830.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21326-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21326-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21326-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 3,501 vehicles covered during 7/1/2014 to 12/31/2014	**$1,750.50**
Auto Theft Authority Assessment for 2,406 vehicles covered during 1/1/2015 to 6/30/2015	**$1,203.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21407	EMCASCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$16,641.65
4/15/2015		$16,641.65
5/15/2015		$16,641.65
6/15/2015		$16,641.65
7/15/2015		$16,641.65
8/15/2015		$16,641.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$99,849.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21407-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21407-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,064 vehicles covered during 7/1/2014 to 12/31/2014	**$1,032.00**
Auto Theft Authority Assessment for 2,046 vehicles covered during 1/1/2015 to 6/30/2015	**$1,023.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21415	EMPLOYERS MUTUAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$73,308.63
4/15/2015		$73,308.63
5/15/2015		$73,308.63
6/15/2015		$73,308.63
7/15/2015		$73,308.63
8/15/2015		$73,308.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$439,851.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21415-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21415-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 8,242 vehicles covered during 7/1/2014 to 12/31/2014	**$4,121.00**
Auto Theft Authority Assessment for 8,223 vehicles covered during 1/1/2015 to 6/30/2015	**$4,111.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21423	UNION INSURANCE COMPANY OF PROVIDENCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$4,076.89
4/15/2015		$4,076.89
5/15/2015		$4,076.89
6/15/2015		$4,076.89
7/15/2015		$4,076.89
8/15/2015		$4,076.89
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,461.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21423-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21423-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 91 vehicles covered during 7/1/2014 to 12/31/2014	**$45.50**
Auto Theft Authority Assessment for 8 vehicles covered during 1/1/2015 to 6/30/2015	**$4.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21458	EMPLOYERS INSURANCE COMPANY OF WAUSAU

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,190.92
4/15/2015		$3,190.92
5/15/2015		$3,190.92
6/15/2015		$3,190.92
7/15/2015		$3,190.92
8/15/2015		$3,190.92
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,145.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21458-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21458-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21458-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 324 vehicles covered during 7/1/2014 to 12/31/2014	**$162.00**
Auto Theft Authority Assessment for 399 vehicles covered during 1/1/2015 to 6/30/2015	**$199.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21482	FACTORY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$89,020.68
4/15/2015		$89,020.68
5/15/2015		$89,020.68
6/15/2015		$89,020.68
7/15/2015		$89,020.68
8/15/2015		$89,020.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$534,124.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21482-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21482-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21598	FARMERS INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$1,361,339.67	
4/15/2015		$1,361,339.67	
5/15/2015		$1,361,339.67	
6/15/2015		$1,361,339.67	
7/15/2015		$1,361,339.67	
8/15/2015		$1,361,339.67	
		TOTAL INSTALLMENTS PAID IN 2015:	**$8,168,038.02**

Auto Theft Authority Assessment for 364,944 vehicles covered during 7/1/2014 to 12/31/2014	**$182,472.00**
Auto Theft Authority Assessment for 367,363 vehicles covered during 1/1/2015 to 6/30/2015	**$183,681.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21652	FARMERS INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$381,090.18
4/15/2015		$381,090.18
5/15/2015		$381,090.18
6/15/2015		$381,090.18
7/15/2015		$381,090.18
8/15/2015		$381,090.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,286,541.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21652-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-21652-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-21652-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 509 vehicles covered during 7/1/2014 to 12/31/2014	**$254.50**
Auto Theft Authority Assessment for 547 vehicles covered during 1/1/2015 to 6/30/2015	**$273.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21660	FIRE INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21660-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21660-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21687	MID-CENTURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$86,237.91
4/15/2015		$86,237.91
5/15/2015		$86,237.91
6/15/2015		$86,237.91
7/15/2015		$86,237.91
8/15/2015		$86,237.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$517,427.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21687-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21687-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21687-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 2,222 vehicles covered during 7/1/2014 to 12/31/2014	**$1,111.00**
Auto Theft Authority Assessment for 2,137 vehicles covered during 1/1/2015 to 6/30/2015	**$1,068.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21709	TRUCK INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$56,611.93
4/15/2015		$56,611.93
5/15/2015		$56,611.93
6/15/2015		$56,611.93
7/15/2015		$56,611.93
8/15/2015		$56,611.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$339,671.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21709-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21709-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-21709-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 1,084 vehicles covered during 7/1/2014 to 12/31/2014	**$542.00**
Auto Theft Authority Assessment for 1,018 vehicles covered during 1/1/2015 to 6/30/2015	**$509.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21741	ESURANCE INSURANCE COMPANY OF NEW JERSEY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21741-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21741-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21784	FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,337.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,337.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21784-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21784-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-21784-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 257 vehicles covered during 7/1/2014 to 12/31/2014	**$128.50**
Auto Theft Authority Assessment for 171 vehicles covered during 1/1/2015 to 6/30/2015	**$85.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21792	INFINITY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21792-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21792-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21830	NEW ENGLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21830-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21830-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21849	AMERICAN AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$23,386.73
4/15/2015		$23,386.73
5/15/2015		$23,386.73
6/15/2015		$23,386.73
7/15/2015		$23,386.73
8/15/2015		$23,386.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$140,320.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-21849-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-21849-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21849-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2014 to 12/31/2014	**$24.50**
Auto Theft Authority Assessment for 288 vehicles covered during 1/1/2015 to 6/30/2015	**$144.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21857	AMERICAN INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$20,527.98
4/15/2015		$20,527.98
5/15/2015		$20,527.98
6/15/2015		$20,527.98
7/15/2015		$20,527.98
8/15/2015		$20,527.98
	TOTAL INSTALLMENTS PAID IN 2015:	**$123,167.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21857-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21857-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 234 vehicles covered during 7/1/2014 to 12/31/2014	**$117.00**
Auto Theft Authority Assessment for 263 vehicles covered during 1/1/2015 to 6/30/2015	**$131.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21865	ASSOCIATED INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,337.81
4/15/2015		$2,337.81
5/15/2015		$2,337.81
6/15/2015		$2,337.81
7/15/2015		$2,337.81
8/15/2015		$2,337.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,026.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21865-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21865-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-21865-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 73 vehicles covered during 7/1/2014 to 12/31/2014	**$36.50**
Auto Theft Authority Assessment for 89 vehicles covered during 1/1/2015 to 6/30/2015	**$44.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21873	FIREMAN'S FUND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$24,203.86
4/15/2015		$24,203.86
5/15/2015		$24,203.86
6/15/2015		$24,203.86
7/15/2015		$24,203.86
8/15/2015		$24,203.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$145,223.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-21873-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-21873-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,982 vehicles covered during 7/1/2014 to 12/31/2014	**$1,491.00**
Auto Theft Authority Assessment for 3,060 vehicles covered during 1/1/2015 to 6/30/2015	**$1,530.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21881	NATIONAL SURETY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$11,008.75
4/15/2015		$11,008.75
5/15/2015		$11,008.75
6/15/2015		$11,008.75
7/15/2015		$11,008.75
8/15/2015		$11,008.75
	TOTAL INSTALLMENTS PAID IN 2015:	**$66,052.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-21881-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-21881-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21881-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 607 vehicles covered during 7/1/2014 to 12/31/2014	**$303.50**
Auto Theft Authority Assessment for 649 vehicles covered during 1/1/2015 to 6/30/2015	**$324.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21903	PROCENTURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21903-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21903-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21911	SAN FRANCISCO REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21911-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-21911-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-21911-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21962	PENNSYLVANIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21962-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21962-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21970	BEDIVERE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-21970-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-21970-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	21989	COMPASS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-21989-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-21989-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-21989-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22004	CIM INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22004-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22004-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22012	MOTORS INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,067.26
4/15/2015		$1,067.26
5/15/2015		$1,067.26
6/15/2015		$1,067.26
7/15/2015		$1,067.26
8/15/2015		$1,067.26
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,403.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22012-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22012-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22039	GENERAL REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$981.12
4/15/2015		$981.12
5/15/2015		$981.12
6/15/2015		$981.12
7/15/2015		$981.12
8/15/2015		$981.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,886.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22039-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-22039-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-22039-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22055	GEICO INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$38,476.53
4/15/2015		$38,476.53
5/15/2015		$38,476.53
6/15/2015		$38,476.53
7/15/2015		$38,476.53
8/15/2015		$38,476.53
	TOTAL INSTALLMENTS PAID IN 2015:	**$230,859.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22055-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22055-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 88,684 vehicles covered during 7/1/2014 to 12/31/2014	**$44,342.00**
Auto Theft Authority Assessment for 86,523 vehicles covered during 1/1/2015 to 6/30/2015	**$43,261.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22063	GOVERNMENT EMPLOYEES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$41,379.64
4/15/2015		$41,379.64
5/15/2015		$41,379.64
6/15/2015		$41,379.64
7/15/2015		$41,379.64
8/15/2015		$41,379.64
	TOTAL INSTALLMENTS PAID IN 2015:	**$248,277.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22063-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-22063-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22063-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 63,788 vehicles covered during 7/1/2014 to 12/31/2014	**$31,894.00**
Auto Theft Authority Assessment for 61,212 vehicles covered during 1/1/2015 to 6/30/2015	**$30,606.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22098	GRAIN DEALERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22098-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-22098-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-22098-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22136	GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$10,791.98
4/15/2015		$10,791.98
5/15/2015		$10,791.98
6/15/2015		$10,791.98
7/15/2015		$10,791.98
8/15/2015		$10,791.98
	TOTAL INSTALLMENTS PAID IN 2015:	**$64,751.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22136-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22136-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 746 vehicles covered during 7/1/2014 to 12/31/2014	**$373.00**
Auto Theft Authority Assessment for 128 vehicles covered during 1/1/2015 to 6/30/2015	**$64.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22179	REPUBLIC INDEMNITY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22179-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22179-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22187	GREATER NEW YORK MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$555.71
4/15/2015		$555.71
5/15/2015		$555.71
6/15/2015		$555.71
7/15/2015		$555.71
8/15/2015		$555.71
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,334.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22187-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-22187-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22187-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22209	FREEDOM SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,968.96
4/15/2015		$1,968.96
5/15/2015		$1,968.96
6/15/2015		$1,968.96
7/15/2015		$1,968.96
8/15/2015		$1,968.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,813.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22209-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22209-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22225	21ST CENTURY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,465.78
4/15/2015		$1,465.78
5/15/2015		$1,465.78
6/15/2015		$1,465.78
7/15/2015		$1,465.78
8/15/2015		$1,465.78
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,794.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22225-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-22225-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22225-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 452 vehicles covered during 7/1/2014 to 12/31/2014	**$226.00**
Auto Theft Authority Assessment for 386 vehicles covered during 1/1/2015 to 6/30/2015	**$193.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22233	SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22233-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22233-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22241	MEDMARC CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$888.85
4/15/2015		$888.85
5/15/2015		$888.85
6/15/2015		$888.85
7/15/2015		$888.85
8/15/2015		$888.85
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,333.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22241-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22241-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22250	BLUESHORE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22250-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22268	INFINITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$9,332.00
4/15/2015		$9,332.00
5/15/2015		$9,332.00
6/15/2015		$9,332.00
7/15/2015		$9,332.00
8/15/2015		$9,332.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$55,992.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22268-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22268-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 24,510 vehicles covered during 7/1/2014 to 12/31/2014	**$12,255.00**
Auto Theft Authority Assessment for 24,196 vehicles covered during 1/1/2015 to 6/30/2015	**$12,098.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22276	BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22276-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22276-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-22276-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22292	HANOVER INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$13,801.38
4/15/2015		$13,801.38
5/15/2015		$13,801.38
6/15/2015		$13,801.38
7/15/2015		$13,801.38
8/15/2015		$13,801.38
	TOTAL INSTALLMENTS PAID IN 2015:	**$82,808.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22292-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-22292-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22292-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 137 vehicles covered during 7/1/2014 to 12/31/2014	**$68.50**
Auto Theft Authority Assessment for 47 vehicles covered during 1/1/2015 to 6/30/2015	**$23.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22306	MASSACHUSETTS BAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,250.52
4/15/2015		$6,250.52
5/15/2015		$6,250.52
6/15/2015		$6,250.52
7/15/2015		$6,250.52
8/15/2015		$6,250.52
	TOTAL INSTALLMENTS PAID IN 2015:	**$37,503.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22306-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22306-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22314	RSUI INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$15,540.56
4/15/2015		$15,540.56
5/15/2015		$15,540.56
6/15/2015		$15,540.56
7/15/2015		$15,540.56
8/15/2015		$15,540.56
	TOTAL INSTALLMENTS PAID IN 2015:	**$93,243.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22314-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22314-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22322	GREENWICH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$50,139.00
4/15/2015		$50,139.00
5/15/2015		$50,139.00
6/15/2015		$50,139.00
7/15/2015		$50,139.00
8/15/2015		$50,139.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$300,834.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22322-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-22322-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22322-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 3,708 vehicles covered during 7/1/2014 to 12/31/2014	**$1,854.00**
Auto Theft Authority Assessment for 3,744 vehicles covered during 1/1/2015 to 6/30/2015	**$1,872.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22357	HARTFORD ACCIDENT AND INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$12,369.34
4/15/2015		$12,369.34
5/15/2015		$12,369.34
6/15/2015		$12,369.34
7/15/2015		$12,369.34
8/15/2015		$12,369.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$74,216.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22357-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-22357-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-22357-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,293 vehicles covered during 7/1/2014 to 12/31/2014	**$646.50**
Auto Theft Authority Assessment for 1,714 vehicles covered during 1/1/2015 to 6/30/2015	**$857.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22454	MENDAKOTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22454-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22454-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22489	HIGHLANDS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22543	SECURA INSURANCE, A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$45,642.02
4/15/2015		$45,642.02
5/15/2015		$45,642.02
6/15/2015		$45,642.02
7/15/2015		$45,642.02
8/15/2015		$45,642.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$273,852.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22543-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22543-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,564 vehicles covered during 7/1/2014 to 12/31/2014	**$1,782.00**
Auto Theft Authority Assessment for 4,057 vehicles covered during 1/1/2015 to 6/30/2015	**$2,028.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22551	MITSUI SUMITOMO INSURANCE USA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$5,155.71
4/15/2015		$5,155.71
5/15/2015		$5,155.71
6/15/2015		$5,155.71
7/15/2015		$5,155.71
8/15/2015		$5,155.71
	TOTAL INSTALLMENTS PAID IN 2015:	**$30,934.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22551-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22551-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 360 vehicles covered during 7/1/2014 to 12/31/2014	**$180.00**
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2015 to 6/30/2015	**$21.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22578	HORACE MANN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$10,227.48
4/15/2015		$10,227.48
5/15/2015		$10,227.48
6/15/2015		$10,227.48
7/15/2015		$10,227.48
8/15/2015		$10,227.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$61,364.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22578-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22578-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 3,202 vehicles covered during 7/1/2014 to 12/31/2014	**$1,601.00**
Auto Theft Authority Assessment for 3,833 vehicles covered during 1/1/2015 to 6/30/2015	**$1,916.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22594	MGIC ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22594-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22594-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22608	NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,584.67
4/15/2015		$2,584.67
5/15/2015		$2,584.67
6/15/2015		$2,584.67
7/15/2015		$2,584.67
8/15/2015		$2,584.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$15,508.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22608-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 54 vehicles covered during 1/1/2015 to 6/30/2015		**$27.25**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22667	ACE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$177,607.02
4/15/2015		$177,607.02
5/15/2015		$177,607.02
6/15/2015		$177,607.02
7/15/2015		$177,607.02
8/15/2015		$177,607.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,065,642.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22667-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22667-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-22667-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 5,542 vehicles covered during 7/1/2014 to 12/31/2014	**$2,771.00**
Auto Theft Authority Assessment for 9,600 vehicles covered during 1/1/2015 to 6/30/2015	**$4,800.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22683	TEACHERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$6,988.82
4/15/2015		$6,988.82
5/15/2015		$6,988.82
6/15/2015		$6,988.82
7/15/2015		$6,988.82
8/15/2015		$6,988.82
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,932.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22683-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-22683-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22683-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 388 vehicles covered during 7/1/2014 to 12/31/2014	**$194.00**
Auto Theft Authority Assessment for 344 vehicles covered during 1/1/2015 to 6/30/2015	**$172.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22705	R&Q REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22705-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-22705-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	22713	INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22713-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-22713-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22713-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22730	ALLIED WORLD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$3,794.06
4/15/2015		$3,794.06
5/15/2015		$3,794.06
6/15/2015		$3,794.06
7/15/2015		$3,794.06
8/15/2015		$3,794.06
	TOTAL INSTALLMENTS PAID IN 2015:	**$22,764.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22730-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-22730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22730-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22748	PACIFIC EMPLOYERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$353.43
4/15/2015		$353.43
5/15/2015		$353.43
6/15/2015		$353.43
7/15/2015		$353.43
8/15/2015		$353.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,120.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-22748-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-22748-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22748-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2015 to 6/30/2015	**$23.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22756	HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$8,880.13
4/15/2015		$8,880.13
5/15/2015		$8,880.13
6/15/2015		$8,880.13
7/15/2015		$8,880.13
8/15/2015		$8,880.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$53,280.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22756-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22756-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,746 vehicles covered during 7/1/2014 to 12/31/2014	**$1,373.00**
Auto Theft Authority Assessment for 2,507 vehicles covered during 1/1/2015 to 6/30/2015	**$1,253.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22772	INTEGON INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,916.77
4/15/2015		$2,916.77
5/15/2015		$2,916.77
6/15/2015		$2,916.77
7/15/2015		$2,916.77
8/15/2015		$2,916.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,500.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22772-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22772-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 9,192 vehicles covered during 7/1/2014 to 12/31/2014	**$4,596.00**
Auto Theft Authority Assessment for 9,553 vehicles covered during 1/1/2015 to 6/30/2015	**$4,776.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22810	CHICAGO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22810-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22810-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22837	AGCS MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$21,375.93
4/15/2015		$21,375.93
5/15/2015		$21,375.93
6/15/2015		$21,375.93
7/15/2015		$21,375.93
8/15/2015		$21,375.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$128,255.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22837-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22837-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22896	ACA FINANCIAL GUARANTY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22896-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22906	PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$8,085.16
4/15/2015		$8,085.16
5/15/2015		$8,085.16
6/15/2015		$8,085.16
7/15/2015		$8,085.16
8/15/2015		$8,085.16
	TOTAL INSTALLMENTS PAID IN 2015:	**$48,510.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-22906-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-22906-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 5,381 vehicles covered during 7/1/2014 to 12/31/2014	**$2,690.50**
Auto Theft Authority Assessment for 3,583 vehicles covered during 1/1/2015 to 6/30/2015	**$1,791.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22926	ECONOMY FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22926-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22926-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22950	ACSTAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22950-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22950-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22985	SEQUOIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$2,105.80
4/15/2015		$2,105.80
5/15/2015		$2,105.80
6/15/2015		$2,105.80
7/15/2015		$2,105.80
8/15/2015		$2,105.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,634.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-22985-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-22985-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2014 to 12/31/2014	**$7.00**
Auto Theft Authority Assessment for 13 vehicles covered during 1/1/2015 to 6/30/2015	**$6.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23035	LIBERTY MUTUAL FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$191,564.46
4/15/2015		$191,564.46
5/15/2015		$191,564.46
6/15/2015		$191,564.46
7/15/2015		$191,564.46
8/15/2015		$191,564.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,149,386.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23035-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23035-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-23035-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 32,636 vehicles covered during 7/1/2014 to 12/31/2014	**$16,318.00**
Auto Theft Authority Assessment for 29,811 vehicles covered during 1/1/2015 to 6/30/2015	**$14,905.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23043	LIBERTY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$223,430.47
4/15/2015		$223,430.47
5/15/2015		$223,430.47
6/15/2015		$223,430.47
7/15/2015		$223,430.47
8/15/2015		$223,430.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,340,582.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23043-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23043-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-23043-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 45 vehicles covered during 7/1/2014 to 12/31/2014	**$22.50**
Auto Theft Authority Assessment for 12 vehicles covered during 1/1/2015 to 6/30/2015	**$6.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23051	NEW MEXICO FOUNDATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23051-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23051-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23108	LUMBERMEN'S UNDERWRITING ALLIANCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$1,613.00
4/15/2015		$1,613.00
5/15/2015		$1,613.00
6/15/2015		$1,613.00
7/15/2015		$1,613.00
8/15/2015		$1,613.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,678.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23108-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23108-RH	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23132	R.V.I. AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23132-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-23132-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-23132-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23248	OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$14,766.96
4/15/2015		$14,766.96
5/15/2015		$14,766.96
6/15/2015		$14,766.96
7/15/2015		$14,766.96
8/15/2015		$0.00
8/15/2015		$14,766.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$88,601.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-23248-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-23248-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23248-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 134 vehicles covered during 7/1/2014 to 12/31/2014	**$67.00**
Auto Theft Authority Assessment for 95 vehicles covered during 1/1/2015 to 6/30/2015	**$47.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23264	INLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23264-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23280	CINCINNATI INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$32,207.72
4/15/2015		$32,207.72
5/15/2015		$32,207.72
6/15/2015		$32,207.72
7/15/2015		$32,207.72
8/15/2015		$32,207.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$193,246.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-23280-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-23280-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23280-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23353	MERIDIAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23353-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23353-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23396	AMERISURE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

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

Installment Due Date		Installments Paid
3/15/2015		$29,960.64
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,960.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23396-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23396-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 857 vehicles covered during 7/1/2014 to 12/31/2014	**$428.50**
Auto Theft Authority Assessment for 516 vehicles covered during 1/1/2015 to 6/30/2015	**$258.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23418	MID-CONTINENT CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$685.95
4/15/2015		$685.95
5/15/2015		$685.95
6/15/2015		$685.95
7/15/2015		$685.95
8/15/2015		$685.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,115.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23418-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23418-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2014 to 12/31/2014	**$2.00**
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2015 to 6/30/2015	**$0.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23434	MIDDLESEX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$426.18
4/15/2015		$426.18
5/15/2015		$426.18
6/15/2015		$426.18
7/15/2015		$426.18
8/15/2015		$426.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,557.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-23434-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-23434-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23434-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
Auto Theft Authority Assessment for 93 vehicles covered during 1/1/2015 to 6/30/2015		**$46.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23442	PATRIOT GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23442-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23442-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23450	AMERICAN FAMILY HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,788.67
4/15/2015		$6,788.67
5/15/2015		$6,788.67
6/15/2015		$6,788.67
7/15/2015		$6,788.67
8/15/2015		$6,788.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$40,732.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23450-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23450-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 8 vehicles covered during 7/1/2014 to 12/31/2014	**$4.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2015 to 6/30/2015	**$1.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23469	AMERICAN MODERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$32,161.01
4/15/2015		$32,161.01
5/15/2015		$32,161.01
6/15/2015		$32,161.01
7/15/2015		$32,161.01
8/15/2015		$32,161.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$192,966.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23469-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23469-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-23469-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 4,927 vehicles covered during 7/1/2014 to 12/31/2014	**$2,463.50**
Auto Theft Authority Assessment for 5,086 vehicles covered during 1/1/2015 to 6/30/2015	**$2,543.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23540	MONTEREY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,178.33
4/15/2015		$9,178.33
5/15/2015		$9,178.33
6/15/2015		$9,178.33
7/15/2015		$9,178.33
8/15/2015		$9,178.33
	TOTAL INSTALLMENTS PAID IN 2015:	**$55,069.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23540-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23540-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,555 vehicles covered during 7/1/2014 to 12/31/2014	**$777.50**
Auto Theft Authority Assessment for 974 vehicles covered during 1/1/2015 to 6/30/2015	**$487.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23574	MIDWEST FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$20,381.00
4/15/2015		$20,381.00
5/15/2015		$20,381.00
6/15/2015		$20,381.00
7/15/2015		$20,381.00
8/15/2015		$20,381.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$122,286.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23574-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23574-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23582	HARLEYSVILLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$467.25
4/15/2015		$467.25
5/15/2015		$467.25
6/15/2015		$467.25
7/15/2015		$467.25
8/15/2015		$467.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,803.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23582-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23582-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23612	MIDWEST EMPLOYERS CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$21,822.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$21,822.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23612-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23612-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-23612-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23663	NATIONAL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23663-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23663-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2014 to 12/31/2014	**$1.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2015 to 6/30/2015	**$1.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23671	NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23671-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23671-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23680	ODYSSEY REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23680-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23680-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-23680-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23728	NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$42,516.99
4/15/2015		$42,516.99
5/15/2015		$42,516.99
6/15/2015		$42,516.99
7/15/2015		$42,516.99
8/15/2015		$42,516.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$255,101.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23728-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23728-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 23,398 vehicles covered during 7/1/2014 to 12/31/2014	**$11,699.00**
Auto Theft Authority Assessment for 36,337 vehicles covered during 1/1/2015 to 6/30/2015	**$18,168.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23736	DIRECT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23736-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23736-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23752	QUANTA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23752-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23752-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23779	NATIONWIDE MUTUAL FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,252.36
4/15/2015		$6,252.36
5/15/2015		$6,252.36
6/15/2015		$6,252.36
7/15/2015		$6,252.36
8/15/2015		$6,252.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$37,514.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-23779-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-23779-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23779-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23787	NATIONWIDE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$51,738.31
4/15/2015		$51,738.31
5/15/2015		$51,738.31
6/15/2015		$51,738.31
7/15/2015		$51,738.31
8/15/2015		$51,738.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$310,429.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-23787-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-23787-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-23787-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,988 vehicles covered during 7/1/2014 to 12/31/2014	**$1,494.00**
Auto Theft Authority Assessment for 5,312 vehicles covered during 1/1/2015 to 6/30/2015	**$2,656.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23809	GRANITE STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,062.24
4/15/2015		$3,062.24
5/15/2015		$3,062.24
6/15/2015		$3,062.24
7/15/2015		$3,062.24
8/15/2015		$3,062.24
	TOTAL INSTALLMENTS PAID IN 2015:	**$18,373.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23809-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-23809-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-23809-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 191 vehicles covered during 7/1/2014 to 12/31/2014	**$95.50**
Auto Theft Authority Assessment for 378 vehicles covered during 1/1/2015 to 6/30/2015	**$189.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23817	ILLINOIS NATIONAL INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,383.34
4/15/2015		$1,383.34
5/15/2015		$1,383.34
6/15/2015		$1,383.34
7/15/2015		$1,383.34
8/15/2015		$1,383.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,300.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23817-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23817-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 552 vehicles covered during 7/1/2014 to 12/31/2014	**$276.00**
Auto Theft Authority Assessment for 389 vehicles covered during 1/1/2015 to 6/30/2015	**$194.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23825	NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23825-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23841	NEW HAMPSHIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,436.15
4/15/2015		$6,436.15
5/15/2015		$6,436.15
6/15/2015		$6,436.15
7/15/2015		$6,436.15
8/15/2015		$6,436.15
	TOTAL INSTALLMENTS PAID IN 2015:	**$38,616.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-23841-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-23841-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-23841-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 416 vehicles covered during 7/1/2014 to 12/31/2014	**$208.00**
Auto Theft Authority Assessment for 130 vehicles covered during 1/1/2015 to 6/30/2015	**$65.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	23876	MAPFRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$14,000.40
4/15/2015		$14,000.40
5/15/2015		$14,000.40
6/15/2015		$14,000.40
7/15/2015		$14,000.40
8/15/2015		$14,000.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$84,002.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23876-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23876-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-23876-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 4,241 vehicles covered during 7/1/2014 to 12/31/2014	**$2,120.50**
Auto Theft Authority Assessment for 7,095 vehicles covered during 1/1/2015 to 6/30/2015	**$3,547.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23914	NORTHWESTERN NATIONAL INSURANCE CO. OF MILWAUKEE, WI

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-23914-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-23914-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-23914-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24015	NORTHLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$17,964.95
4/15/2015		$17,964.95
5/15/2015		$17,964.95
6/15/2015		$17,964.95
7/15/2015		$17,964.95
8/15/2015		$17,964.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$107,789.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24015-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24015-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 51 vehicles covered during 7/1/2014 to 12/31/2014	**$25.50**
Auto Theft Authority Assessment for 37 vehicles covered during 1/1/2015 to 6/30/2015	**$18.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24031	NORTHLAND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24031-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24031-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 33 vehicles covered during 7/1/2014 to 12/31/2014	**$16.50**
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2015 to 6/30/2015	**$8.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24047	SURETY BONDING COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$391.12
4/15/2015		$391.12
5/15/2015		$391.12
6/15/2015		$391.12
7/15/2015		$391.12
8/15/2015		$391.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,346.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24047-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24047-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24066	AMERICAN FIRE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,254.42
4/15/2015		$3,254.42
5/15/2015		$3,254.42
6/15/2015		$3,254.42
7/15/2015		$3,254.42
8/15/2015		$3,254.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,526.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24066-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24066-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 418 vehicles covered during 7/1/2014 to 12/31/2014	**$209.00**
Auto Theft Authority Assessment for 361 vehicles covered during 1/1/2015 to 6/30/2015	**$180.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24074	OHIO CASUALTY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$17,125.41
4/15/2015		$17,125.41
5/15/2015		$17,125.41
6/15/2015		$17,125.41
7/15/2015		$17,125.41
8/15/2015		$17,125.41
	TOTAL INSTALLMENTS PAID IN 2015:	**$102,752.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24074-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-24074-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24074-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 68 vehicles covered during 7/1/2014 to 12/31/2014	**$34.00**
Auto Theft Authority Assessment for 86 vehicles covered during 1/1/2015 to 6/30/2015	**$43.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24082	OHIO SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$66,771.77
4/15/2015		$66,771.77
5/15/2015		$66,771.77
6/15/2015		$66,771.77
7/15/2015		$66,771.77
8/15/2015		$66,771.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$400,630.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24082-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24082-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 5,365 vehicles covered during 7/1/2014 to 12/31/2014	**$2,682.50**
Auto Theft Authority Assessment for 5,800 vehicles covered during 1/1/2015 to 6/30/2015	**$2,900.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24104	OHIO FARMERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24104-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-24104-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24104-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 56 vehicles covered during 7/1/2014 to 12/31/2014	**$28.00**
Auto Theft Authority Assessment for 78 vehicles covered during 1/1/2015 to 6/30/2015	**$39.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24112	WESTFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,199.93
4/15/2015		$31,199.93
5/15/2015		$31,200.24
6/15/2015		$31,200.24
7/15/2015		$31,200.24
8/15/2015		$31,200.24
	TOTAL INSTALLMENTS PAID IN 2015:	**$187,200.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24112-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24112-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24112-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 6,253 vehicles covered during 7/1/2014 to 12/31/2014	**$3,126.50**
Auto Theft Authority Assessment for 3,906 vehicles covered during 1/1/2015 to 6/30/2015	**$1,953.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24120	WESTFIELD NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,637.51
4/15/2015		$2,637.51
5/15/2015		$2,637.51
6/15/2015		$2,637.51
7/15/2015		$2,637.51
8/15/2015		$2,637.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$15,825.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24120-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 412 vehicles covered during 7/1/2014 to 12/31/2014	**$206.00**
Auto Theft Authority Assessment for 440 vehicles covered during 1/1/2015 to 6/30/2015	**$220.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24139	OLD REPUBLIC GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,271.00
4/15/2015		$6,271.04
5/15/2015		$6,271.00
6/15/2015		$6,271.00
7/15/2015		$6,271.00
8/15/2015		$6,271.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$37,626.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24139-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24139-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24139-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 445 vehicles covered during 7/1/2014 to 12/31/2014	**$222.50**
Auto Theft Authority Assessment for 259 vehicles covered during 1/1/2015 to 6/30/2015	**$129.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24147	OLD REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$48,524.40
4/15/2015		$48,524.40
5/15/2015		$48,524.40
6/15/2015		$48,524.40
7/15/2015		$48,524.40
8/15/2015		$48,524.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$291,146.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24147-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-24147-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24147-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 13,084 vehicles covered during 7/1/2014 to 12/31/2014	**$6,542.00**
Auto Theft Authority Assessment for 9,865 vehicles covered during 1/1/2015 to 6/30/2015	**$4,932.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24171	NETHERLANDS INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24171-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24171-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24198	PEERLESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24198-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24198-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24198-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2014 to 12/31/2014	**$1.00**
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2015 to 6/30/2015	**$2.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24201	FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24201-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24201-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 22,722 vehicles covered during 7/1/2014 to 12/31/2014	**$11,361.00**
Auto Theft Authority Assessment for 27,522 vehicles covered during 1/1/2015 to 6/30/2015	**$13,761.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24228	PEKIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$124,745.86
4/15/2015		$124,745.86
5/15/2015		$124,745.86
6/15/2015		$124,745.86
7/15/2015		$124,745.86
8/15/2015		$124,745.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$748,475.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24228-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24228-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 3,508 vehicles covered during 7/1/2014 to 12/31/2014	**$1,754.00**
Auto Theft Authority Assessment for 4,238 vehicles covered during 1/1/2015 to 6/30/2015	**$2,119.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24260	PROGRESSIVE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$76,198.00
4/15/2015		$76,198.00
5/15/2015		$76,198.00
6/15/2015		$76,198.00
7/15/2015		$76,198.00
8/15/2015		$76,198.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$457,188.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24260-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24260-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 35,416 vehicles covered during 7/1/2014 to 12/31/2014	**$17,708.00**
Auto Theft Authority Assessment for 35,064 vehicles covered during 1/1/2015 to 6/30/2015	**$17,532.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24279	PROGRESSIVE MAX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24279-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24279-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24295	PROVIDENCE WASHINGTON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24295-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24295-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24350	TRIAD GUARANTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,458.44
4/15/2015		$4,458.44
5/15/2015		$4,458.44
6/15/2015		$4,458.44
7/15/2015		$4,458.44
8/15/2015		$4,458.44
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,750.64**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24376	SPINNAKER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24376-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24376-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24376-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24414	GENERAL CASUALTY COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,956.26
4/15/2015		$4,956.26
5/15/2015		$4,956.26
6/15/2015		$4,956.26
7/15/2015		$4,956.26
8/15/2015		$4,956.26
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,737.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24414-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24414-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 111 vehicles covered during 7/1/2014 to 12/31/2014	**$55.50**
Auto Theft Authority Assessment for 116 vehicles covered during 1/1/2015 to 6/30/2015	**$58.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24449	REGENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,129.15
4/15/2015		$1,129.15
5/15/2015		$1,129.15
6/15/2015		$1,129.15
7/15/2015		$1,129.15
8/15/2015		$1,129.15
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,774.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24449-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-24449-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24449-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 92 vehicles covered during 7/1/2014 to 12/31/2014	**$46.00**
Auto Theft Authority Assessment for 131 vehicles covered during 1/1/2015 to 6/30/2015	**$65.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24465	WESTERN NATIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24465-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-24465-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-24465-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24503	CATLIN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,220.29
4/15/2015		$6,220.29
5/15/2015		$6,220.29
6/15/2015		$6,220.29
7/15/2015		$6,220.29
8/15/2015		$6,220.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$37,321.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24503-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-24503-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24503-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 172 vehicles covered during 7/1/2014 to 12/31/2014	**$86.00**
Auto Theft Authority Assessment for 136 vehicles covered during 1/1/2015 to 6/30/2015	**$68.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24538	REPUBLIC UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24538-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24538-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-24538-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24554	XL INSURANCE AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$20,242.00
4/15/2015		$20,242.00
5/15/2015		$20,242.00
6/15/2015		$20,242.00
7/15/2015		$20,242.00
8/15/2015		$20,242.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$121,452.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24554-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24554-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 952 vehicles covered during 7/1/2014 to 12/31/2014	**$476.00**
Auto Theft Authority Assessment for 1,028 vehicles covered during 1/1/2015 to 6/30/2015	**$514.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24678	ARROWOOD INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24678-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-24678-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24678-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24724	FIRST NATIONAL INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$757.95
4/15/2015		$757.95
5/15/2015		$757.95
6/15/2015		$757.95
7/15/2015		$757.95
8/15/2015		$757.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,547.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24724-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24724-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 29 vehicles covered during 7/1/2014 to 12/31/2014	**$14.50**
Auto Theft Authority Assessment for 73 vehicles covered during 1/1/2015 to 6/30/2015	**$36.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	24732	GENERAL INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,121.60
4/15/2015		$4,121.60
5/15/2015		$4,121.60
6/15/2015		$4,121.60
7/15/2015		$4,121.60
8/15/2015		$4,121.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,729.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24732-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-24732-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24732-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 286 vehicles covered during 7/1/2014 to 12/31/2014	**$143.00**
Auto Theft Authority Assessment for 264 vehicles covered during 1/1/2015 to 6/30/2015	**$132.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24740	SAFECO INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$462,492.48
4/15/2015		$462,492.48
5/15/2015		$462,492.48
6/15/2015		$462,492.48
7/15/2015		$462,492.48
8/15/2015		$462,492.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,774,954.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24740-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24740-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-24740-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 120,985 vehicles covered during 7/1/2014 to 12/31/2014	**$60,492.50**
Auto Theft Authority Assessment for 123,047 vehicles covered during 1/1/2015 to 6/30/2015	**$61,523.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24759	SAFECO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24759-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24759-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24767	ST. PAUL FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$12,119.22
4/15/2015		$12,119.22
5/15/2015		$12,119.22
6/15/2015		$12,119.22
7/15/2015		$12,119.22
8/15/2015		$12,119.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$72,715.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24767-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24767-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-24767-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 483 vehicles covered during 7/1/2014 to 12/31/2014	**$241.50**
Auto Theft Authority Assessment for 597 vehicles covered during 1/1/2015 to 6/30/2015	**$298.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24775	ST. PAUL GUARDIAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24775-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-24775-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-24775-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24791	ST. PAUL MERCURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,257.45
4/15/2015		$2,257.45
5/15/2015		$2,257.45
6/15/2015		$2,257.45
7/15/2015		$2,257.45
8/15/2015		$2,257.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,544.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24791-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24791-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-24791-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 58 vehicles covered during 7/1/2014 to 12/31/2014	**$29.00**
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2015 to 6/30/2015	**$11.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24813	BALBOA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24813-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24813-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24813-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 124 vehicles covered during 7/1/2014 to 12/31/2014	**$62.00**
Auto Theft Authority Assessment for 68 vehicles covered during 1/1/2015 to 6/30/2015	**$34.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24821	MERITPLAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24821-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-24821-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24821-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24848	NEWPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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 36 vehicles covered during 7/1/2014 to 12/31/2014	**$18.00**
Auto Theft Authority Assessment for 25 vehicles covered during 1/1/2015 to 6/30/2015	**$12.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24899	ALEA NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-24899-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24899-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24961	EVERSPAN FINANCIAL GUARANTEE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-24961-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24988	SENTRY INSURANCE A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$94,304.80
4/15/2015		$94,304.80
5/15/2015		$94,304.80
6/15/2015		$94,304.80
7/15/2015		$94,304.80
8/15/2015		$94,304.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$565,828.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-24988-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-24988-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-24988-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 49,197 vehicles covered during 7/1/2014 to 12/31/2014	**$24,598.50**
Auto Theft Authority Assessment for 46,179 vehicles covered during 1/1/2015 to 6/30/2015	**$23,089.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25011	WESCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$22,846.71
4/15/2015		$22,846.71
5/15/2015		$22,846.71
6/15/2015		$22,846.71
7/15/2015		$22,846.71
8/15/2015		$22,846.71
	TOTAL INSTALLMENTS PAID IN 2015:	**$137,080.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25011-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25011-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-25011-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 2,502 vehicles covered during 7/1/2014 to 12/31/2014	**$1,251.00**
Auto Theft Authority Assessment for 2,528 vehicles covered during 1/1/2015 to 6/30/2015	**$1,264.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25054	HUDSON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$13,253.66
4/15/2015		$13,253.66
5/15/2015		$13,253.66
6/15/2015		$13,253.66
7/15/2015		$13,253.66
8/15/2015		$13,253.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$79,521.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-25054-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-25054-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 71 vehicles covered during 7/1/2014 to 12/31/2014	**$35.50**
Auto Theft Authority Assessment for 43 vehicles covered during 1/1/2015 to 6/30/2015	**$21.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25070	CLEARWATER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-25070-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25070-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25070-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25089	COAST NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$101,123.89
4/15/2015		$101,123.89
5/15/2015		$101,123.89
6/15/2015		$101,123.89
7/15/2015		$101,123.89
8/15/2015		$101,123.89
	TOTAL INSTALLMENTS PAID IN 2015:	**$606,743.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25089-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25089-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 42,061 vehicles covered during 7/1/2014 to 12/31/2014	**$21,030.50**
Auto Theft Authority Assessment for 40,645 vehicles covered during 1/1/2015 to 6/30/2015	**$20,322.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25127	STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$34,516.77
4/15/2015		$34,516.77
5/15/2015		$34,516.77
6/15/2015		$34,516.77
7/15/2015		$34,516.77
8/15/2015		$34,516.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$207,100.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25127-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25127-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,927 vehicles covered during 7/1/2014 to 12/31/2014	**$1,463.50**
Auto Theft Authority Assessment for 2,838 vehicles covered during 1/1/2015 to 6/30/2015	**$1,419.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25135	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,646.47
4/15/2015		$6,646.47
5/15/2015		$6,646.47
6/15/2015		$6,646.47
7/15/2015		$6,646.47
8/15/2015		$6,646.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$39,878.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25135-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25135-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 126 vehicles covered during 7/1/2014 to 12/31/2014	**$63.00**
Auto Theft Authority Assessment for 57 vehicles covered during 1/1/2015 to 6/30/2015	**$28.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25143	STATE FARM FIRE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,331,051.31
4/15/2015		$1,331,051.31
5/15/2015		$1,331,051.31
6/15/2015		$1,331,051.31
7/15/2015		$1,331,051.31
8/15/2015		$1,331,051.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,986,307.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25143-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-25143-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25143-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 76,619 vehicles covered during 7/1/2014 to 12/31/2014	**$38,309.50**
Auto Theft Authority Assessment for 78,951 vehicles covered during 1/1/2015 to 6/30/2015	**$39,475.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25151	STATE FARM GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25151-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25151-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-25151-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25178	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,796,313.63
4/15/2015		$1,796,313.63
5/15/2015		$1,796,313.63
6/15/2015		$1,796,313.63
7/15/2015		$1,796,313.63
8/15/2015		$1,796,313.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,777,881.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25178-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-25178-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25178-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 804,444 vehicles covered during 7/1/2014 to 12/31/2014	**$402,222.00**
Auto Theft Authority Assessment for 815,292 vehicles covered during 1/1/2015 to 6/30/2015	**$407,646.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25180	STILLWATER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$58,873.16
4/15/2015		$58,873.16
5/15/2015		$58,873.16
6/15/2015		$58,873.16
7/15/2015		$58,873.16
8/15/2015		$58,873.16
	TOTAL INSTALLMENTS PAID IN 2015:	**$353,238.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25180-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,760 vehicles covered during 7/1/2014 to 12/31/2014	**$880.00**
Auto Theft Authority Assessment for 2,480 vehicles covered during 1/1/2015 to 6/30/2015	**$1,240.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25186	EMC PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25186-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25186-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25232	21ST CENTURY ADVANTAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$68,385.27
4/15/2015		$68,385.27
5/15/2015		$68,385.27
6/15/2015		$68,385.27
7/15/2015		$68,385.27
8/15/2015		$68,385.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$410,311.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-25232-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 31,985 vehicles covered during 7/1/2014 to 12/31/2014	**$15,992.50**
Auto Theft Authority Assessment for 27,882 vehicles covered during 1/1/2015 to 6/30/2015	**$13,941.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25240	NAU COUNTRY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$972.68
4/15/2015		$972.68
5/15/2015		$972.68
6/15/2015		$972.68
7/15/2015		$972.68
8/15/2015		$972.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,836.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25240-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25240-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25321	METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,404.46
4/15/2015		$2,404.46
5/15/2015		$2,404.46
6/15/2015		$2,404.46
7/15/2015		$2,404.46
8/15/2015		$2,404.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,426.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25321-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25321-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 606 vehicles covered during 7/1/2014 to 12/31/2014	**$303.00**
Auto Theft Authority Assessment for 561 vehicles covered during 1/1/2015 to 6/30/2015	**$280.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25364	SWISS REINSURANCE AMERICA CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25364-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-25364-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25364-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25402	EMPLOYERS ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25402-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25402-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25405	SAFE AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$41,715.32
4/15/2015		$41,715.32
5/15/2015		$41,715.32
6/15/2015		$41,715.32
7/15/2015		$41,715.32
8/15/2015		$41,715.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$250,291.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25405-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25405-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 20,176 vehicles covered during 7/1/2014 to 12/31/2014	**$10,088.00**
Auto Theft Authority Assessment for 20,406 vehicles covered during 1/1/2015 to 6/30/2015	**$10,203.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25422	ATRADIUS TRADE CREDIT INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,494.97
4/15/2015		$1,494.97
5/15/2015		$1,494.97
6/15/2015		$1,494.97
7/15/2015		$1,494.97
8/15/2015		$1,494.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,969.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25422-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25422-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25445	IRONSHORE SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$7,985.00	
4/15/2015		$7,985.00	
5/15/2015		$7,985.00	
6/15/2015		$7,985.00	
7/15/2015		$7,985.00	
8/15/2015		$7,985.00	
		TOTAL INSTALLMENTS PAID IN 2015:	**$47,910.00**

Auto Theft Authority Assessment for 846 vehicles covered during 7/1/2014 to 12/31/2014	**$423.00**
Auto Theft Authority Assessment for 1,064 vehicles covered during 1/1/2015 to 6/30/2015	**$532.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25448	AMERICAN SAFETY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25453	NATIONWIDE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$79,980.12
4/15/2015		$79,980.12
5/15/2015		$79,980.12
6/15/2015		$79,980.12
7/15/2015		$79,980.12
8/15/2015		$79,980.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$479,880.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25453-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25453-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 16,104 vehicles covered during 7/1/2014 to 12/31/2014	**$8,052.00**
Auto Theft Authority Assessment for 14,977 vehicles covered during 1/1/2015 to 6/30/2015	**$7,488.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25496	STARSTONE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,989.56
4/15/2015		$4,554.56
5/15/2015		$4,554.56
6/15/2015		$4,554.56
7/15/2015		$4,554.56
8/15/2015		$4,554.56
	TOTAL INSTALLMENTS PAID IN 2015:	**$27,762.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-25496-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25496-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25496-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25534	TIG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25534-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-25534-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-25534-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25550	INDEMNITY COMPANY OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$347.00
4/15/2015		$347.00
5/15/2015		$347.00
6/15/2015		$347.00
7/15/2015		$347.00
8/15/2015		$347.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,082.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25550-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25585	PROFESSIONALS DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	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**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25585-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25585-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25615	CHARTER OAK FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$43,256.60
4/15/2015		$43,256.60
5/15/2015		$43,256.60
6/15/2015		$43,256.60
7/15/2015		$43,256.60
8/15/2015		$43,256.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$259,539.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25615-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25615-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 337 vehicles covered during 7/1/2014 to 12/31/2014	**$168.50**
Auto Theft Authority Assessment for 528 vehicles covered during 1/1/2015 to 6/30/2015	**$264.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25623	PHOENIX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$25,333.99
4/15/2015		$25,333.99
5/15/2015		$25,333.99
6/15/2015		$25,333.99
7/15/2015		$25,333.99
8/15/2015		$25,333.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$152,003.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25623-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25623-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 119 vehicles covered during 7/1/2014 to 12/31/2014	**$59.50**
Auto Theft Authority Assessment for 207 vehicles covered during 1/1/2015 to 6/30/2015	**$103.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25658	TRAVELERS INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$89,821.34
4/15/2015		$89,821.34
5/15/2015		$89,821.34
6/15/2015		$89,821.34
7/15/2015		$89,821.34
8/15/2015		$89,821.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$538,928.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-25658-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25658-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25658-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,516 vehicles covered during 7/1/2014 to 12/31/2014	**$758.00**
Auto Theft Authority Assessment for 294 vehicles covered during 1/1/2015 to 6/30/2015	**$147.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25666	TRAVELERS INDEMNITY COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$29,847.60
4/15/2015		$29,847.60
5/15/2015		$29,847.60
6/15/2015		$29,847.60
7/15/2015		$29,847.60
8/15/2015		$29,847.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$179,085.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25666-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25666-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 62 vehicles covered during 7/1/2014 to 12/31/2014	**$31.00**
Auto Theft Authority Assessment for 37 vehicles covered during 1/1/2015 to 6/30/2015	**$18.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25674	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$127,439.73
4/15/2015		$127,439.73
5/15/2015		$127,439.73
6/15/2015		$127,439.73
7/15/2015		$127,439.73
8/15/2015		$127,439.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$764,638.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25674-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25674-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 5,031 vehicles covered during 7/1/2014 to 12/31/2014	**$2,515.50**
Auto Theft Authority Assessment for 2,947 vehicles covered during 1/1/2015 to 6/30/2015	**$1,473.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25682	TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,301.63
4/15/2015		$19,301.63
5/15/2015		$19,301.63
6/15/2015		$19,301.63
7/15/2015		$19,301.63
8/15/2015		$19,301.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$115,809.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25682-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25682-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-25682-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2014 to 12/31/2014	**$13.00**
Auto Theft Authority Assessment for 36 vehicles covered during 1/1/2015 to 6/30/2015	**$18.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25712	ESURANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,801.81
4/15/2015		$6,801.81
5/15/2015		$6,801.81
6/15/2015		$6,801.81
7/15/2015		$6,801.81
8/15/2015		$6,801.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$40,810.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25712-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25712-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,313 vehicles covered during 7/1/2014 to 12/31/2014	**$1,156.50**
Auto Theft Authority Assessment for 2,199 vehicles covered during 1/1/2015 to 6/30/2015	**$1,099.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25747	UNIGARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,905.85
4/15/2015		$15,905.85
5/15/2015		$15,905.85
6/15/2015		$15,905.85
7/15/2015		$15,905.85
8/15/2015		$15,905.85
	TOTAL INSTALLMENTS PAID IN 2015:	**$95,435.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-25747-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25747-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25747-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,524 vehicles covered during 7/1/2014 to 12/31/2014	**$1,762.00**
Auto Theft Authority Assessment for 3,236 vehicles covered during 1/1/2015 to 6/30/2015	**$1,618.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25755	PEACHTREE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25755-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25755-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25771	CIFG ASSURANCE NORTH AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25771-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25780	WILLIAMSBURG NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,113.60
4/15/2015		$2,113.60
5/15/2015		$2,113.60
6/15/2015		$2,113.60
7/15/2015		$2,113.60
8/15/2015		$2,113.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,681.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25780-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25780-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25798	UNIGARD INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25798-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25798-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25844	UNION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$77,952.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$77,952.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25844-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25844-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,955 vehicles covered during 7/1/2014 to 12/31/2014	**$977.50**
Auto Theft Authority Assessment for 1,950 vehicles covered during 1/1/2015 to 6/30/2015	**$975.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25879	FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-25879-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25879-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25887	UNITED STATES FIDELITY AND GUARANTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25887-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-25887-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-25887-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25895	UNITED STATES LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,853.16
4/15/2015		$15,853.16
5/15/2015		$15,853.16
6/15/2015		$15,853.16
7/15/2015		$15,853.16
8/15/2015		$15,853.16
	TOTAL INSTALLMENTS PAID IN 2015:	**$95,118.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-25895-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 69 vehicles covered during 7/1/2014 to 12/31/2014	**$34.50**
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2015 to 6/30/2015	**$27.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	25933	UNIVERSAL SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$369.29
4/15/2015		$369.29
5/15/2015		$369.29
6/15/2015		$369.29
7/15/2015		$369.29
8/15/2015		$369.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,215.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-25933-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25941	UNITED SERVICES AUTOMOBILE ASSOCIATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$481,942.36
4/15/2015		$481,942.36
5/15/2015		$481,942.36
6/15/2015		$481,942.36
7/15/2015		$481,942.36
8/15/2015		$481,942.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,891,654.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25941-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25941-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 151,513 vehicles covered during 7/1/2014 to 12/31/2014	**$75,756.50**
Auto Theft Authority Assessment for 151,115 vehicles covered during 1/1/2015 to 6/30/2015	**$75,557.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25968	USAA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$458,463.97
4/15/2015		$458,463.97
5/15/2015		$458,463.97
6/15/2015		$458,463.97
7/15/2015		$458,463.97
8/15/2015		$458,463.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,750,783.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25968-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-25968-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 123,945 vehicles covered during 7/1/2014 to 12/31/2014	**$61,972.50**
Auto Theft Authority Assessment for 125,209 vehicles covered during 1/1/2015 to 6/30/2015	**$62,604.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25976	UTICA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$408.40
4/15/2015		$408.40
5/15/2015		$408.40
6/15/2015		$408.40
7/15/2015		$408.40
8/15/2015		$408.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,450.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-25976-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-25976-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-25976-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2015 to 6/30/2015		**$1.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26042	WAUSAU UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26042-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26042-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-26042-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 168 vehicles covered during 7/1/2014 to 12/31/2014	**$84.00**
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2015 to 6/30/2015	**$2.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26050	RESPONSE WORLDWIDE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26050-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26069	WAUSAU BUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26069-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26069-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2014 to 12/31/2014		**$3.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26077	LANCER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$16,345.31
4/15/2015		$16,345.31
5/15/2015		$16,345.31
6/15/2015		$16,345.31
7/15/2015		$16,345.31
8/15/2015		$16,345.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$98,071.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26077-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26077-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,248 vehicles covered during 7/1/2014 to 12/31/2014	**$624.00**
Auto Theft Authority Assessment for 1,361 vehicles covered during 1/1/2015 to 6/30/2015	**$680.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26085	WARNER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26085-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26085-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26093	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$76,850.56
4/15/2015		$76,850.56
5/15/2015		$76,850.56
6/15/2015		$76,850.56
7/15/2015		$76,850.56
8/15/2015		$76,850.56
	TOTAL INSTALLMENTS PAID IN 2015:	**$461,103.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26093-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-26093-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-26093-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 16,956 vehicles covered during 7/1/2014 to 12/31/2014	**$8,478.00**
Auto Theft Authority Assessment for 16,361 vehicles covered during 1/1/2015 to 6/30/2015	**$8,180.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26220	YOSEMITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,690.10
4/15/2015		$1,690.10
5/15/2015		$1,690.10
6/15/2015		$1,690.10
7/15/2015		$1,690.10
8/15/2015		$1,690.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,140.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26220-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26220-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-26220-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26247	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$39,914.41
4/15/2015		$39,914.41
5/15/2015		$39,914.41
6/15/2015		$39,914.41
7/15/2015		$39,914.41
8/15/2015		$39,914.41
	TOTAL INSTALLMENTS PAID IN 2015:	**$239,486.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26247-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26247-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-26247-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 491 vehicles covered during 7/1/2014 to 12/31/2014	**$245.50**
Auto Theft Authority Assessment for 490 vehicles covered during 1/1/2015 to 6/30/2015	**$245.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26257	MUTUAL RISK RETENTION GROUP, INC. (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$2,924.67
4/15/2015		$2,924.67
5/15/2015		$2,924.67
6/15/2015		$2,924.67
7/15/2015		$2,924.67
8/15/2015		$2,924.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,548.02**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26298	METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$82,401.58
4/15/2015		$82,401.58
5/15/2015		$82,401.58
6/15/2015		$82,401.58
7/15/2015		$82,401.58
8/15/2015		$82,401.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$494,409.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26298-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26298-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 41 vehicles covered during 7/1/2014 to 12/31/2014	**$20.50**
Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2015 to 6/30/2015	**$23.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26310	GRANITE RE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26310-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26344	GREAT AMERICAN ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$21,280.77
4/15/2015		$21,280.77
5/15/2015		$21,280.77
6/15/2015		$21,280.77
7/15/2015		$21,280.77
8/15/2015		$21,280.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$127,684.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26344-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26344-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 772 vehicles covered during 7/1/2014 to 12/31/2014	**$386.00**
Auto Theft Authority Assessment for 455 vehicles covered during 1/1/2015 to 6/30/2015	**$227.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26379	ACCREDITED SURETY AND CASUALTY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,701.74
4/15/2015		$2,701.74
5/15/2015		$2,701.74
6/15/2015		$2,701.74
7/15/2015		$2,701.74
8/15/2015		$2,701.74
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,210.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26379-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26379-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26395	WESTERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26395-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26395-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26433	HARCO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$789.07
4/15/2015		$789.07
5/15/2015		$789.07
6/15/2015		$789.07
7/15/2015		$789.07
8/15/2015		$789.07
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,734.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26433-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26433-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 60 vehicles covered during 7/1/2014 to 12/31/2014	**$30.00**
Auto Theft Authority Assessment for 13 vehicles covered during 1/1/2015 to 6/30/2015	**$6.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26492	COURTESY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,268.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,268.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26492-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26492-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26565	OHIO INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,486.91
4/15/2015		$2,486.91
5/15/2015		$2,486.91
6/15/2015		$2,486.91
7/15/2015		$2,486.91
8/15/2015		$2,486.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,921.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26565-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26565-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26581	INDEPENDENCE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,317.80
4/15/2015		$9,317.80
5/15/2015		$9,317.80
6/15/2015		$9,317.80
7/15/2015		$9,317.80
8/15/2015		$9,317.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$55,906.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26581-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-26581-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-26581-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26611	HAMILTON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26611-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-26611-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-26611-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26654	GREAT NORTHWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26654-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26654-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 43 vehicles covered during 7/1/2014 to 12/31/2014		**$21.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26662	MILWAUKEE CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,964.80
4/15/2015		$1,964.80
5/15/2015		$1,964.80
6/15/2015		$1,964.80
7/15/2015		$1,964.80
8/15/2015		$1,964.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,788.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26662-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26662-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 158 vehicles covered during 7/1/2014 to 12/31/2014	**$79.00**
Auto Theft Authority Assessment for 184 vehicles covered during 1/1/2015 to 6/30/2015	**$92.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26697	CASUALTY UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26697-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26697-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26700	INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-26700-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-26700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26794	PLANS' LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26794-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26794-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26797	HOUSING AUTHORITY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$314.24	
4/15/2015		$314.24	
5/15/2015		$314.24	
6/15/2015		$314.24	
7/15/2015		$314.24	
8/15/2015		$314.24	
		TOTAL INSTALLMENTS PAID IN 2015:	**$1,885.44**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26832	GREAT AMERICAN ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,822.89
4/15/2015		$4,822.89
5/15/2015		$4,822.89
6/15/2015		$4,822.89
7/15/2015		$4,822.89
8/15/2015		$4,822.89
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,937.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26832-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26832-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2014 to 12/31/2014	**$13.00**
Auto Theft Authority Assessment for 54 vehicles covered during 1/1/2015 to 6/30/2015	**$27.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26905	CENTURY-NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$30,957.88
4/15/2015		$30,957.88
5/15/2015		$30,957.88
6/15/2015		$30,957.88
7/15/2015		$30,957.88
8/15/2015		$30,957.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$185,747.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-26905-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-26905-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 547 vehicles covered during 7/1/2014 to 12/31/2014	**$273.50**
Auto Theft Authority Assessment for 758 vehicles covered during 1/1/2015 to 6/30/2015	**$379.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26921	EVEREST REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,839.04
4/15/2015		$1,839.04
5/15/2015		$1,839.04
6/15/2015		$1,839.04
7/15/2015		$1,839.04
8/15/2015		$1,839.04
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,034.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26921-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-26921-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-26921-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	26999	UNITED GUARANTY MORTGAGE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-26999-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27081	BOND SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,459.94
4/15/2015		$1,459.94
5/15/2015		$1,459.94
6/15/2015		$1,459.94
7/15/2015		$1,459.94
8/15/2015		$1,459.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,759.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27081-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27090	YOUNG AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$33,684.50
4/15/2015		$33,684.50
5/15/2015		$33,684.50
6/15/2015		$33,684.50
7/15/2015		$34,571.82
8/15/2015		$34,571.82
	TOTAL INSTALLMENTS PAID IN 2015:	**$203,881.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-27090-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-27090-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 25,251 vehicles covered during 7/1/2014 to 12/31/2014	**$12,625.50**
Auto Theft Authority Assessment for 27,656 vehicles covered during 1/1/2015 to 6/30/2015	**$13,828.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27120	TRUMBULL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$220,885.91
4/15/2015		$220,885.91
5/15/2015		$220,885.91
6/15/2015		$220,885.91
7/15/2015		$220,885.91
8/15/2015		$220,885.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,325,315.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-27120-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-27120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-27120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 77,912 vehicles covered during 7/1/2014 to 12/31/2014	**$38,956.00**
Auto Theft Authority Assessment for 87,472 vehicles covered during 1/1/2015 to 6/30/2015	**$43,736.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27138	MIDVALE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-27138-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-27138-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-27138-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27154	ATLANTIC SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$52,484.86
4/15/2015		$52,484.86
5/15/2015		$52,484.86
6/15/2015		$52,484.86
7/15/2015		$52,484.86
8/15/2015		$52,484.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$314,909.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27154-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27154-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-27154-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 234 vehicles covered during 7/1/2014 to 12/31/2014	**$117.00**
Auto Theft Authority Assessment for 560 vehicles covered during 1/1/2015 to 6/30/2015	**$280.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27251	PMI MORTGAGE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$15,396.79	
4/15/2015		$15,396.79	
5/15/2015		$15,396.79	
6/15/2015		$15,396.79	
7/15/2015		$15,396.79	
8/15/2015		$15,396.79	
		TOTAL INSTALLMENTS PAID IN 2015:	**$92,380.74**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27464	CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27464-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27464-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27499	SOUTHWEST GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,758.49
4/15/2015		$1,758.49
5/15/2015		$1,758.49
6/15/2015		$1,758.49
7/15/2015		$1,758.49
8/15/2015		$1,758.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,550.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27499-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 135 vehicles covered during 7/1/2014 to 12/31/2014	**$67.50**
Auto Theft Authority Assessment for 140 vehicles covered during 1/1/2015 to 6/30/2015	**$70.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27502	WESTERN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,321.65
4/15/2015		$10,321.65
5/15/2015		$10,321.65
6/15/2015		$10,321.65
7/15/2015		$10,321.65
8/15/2015		$10,321.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$61,929.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27502-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27502-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 5,278 vehicles covered during 7/1/2014 to 12/31/2014	**$2,639.00**
Auto Theft Authority Assessment for 4,371 vehicles covered during 1/1/2015 to 6/30/2015	**$2,185.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27626	FIRSTCOMP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27626-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27626-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27740	NORTH POINTE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27740-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27740-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	27804	PROGRESSIVE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27804-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27804-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	27812	COLUMBIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-27812-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-27812-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-27812-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27847	INSURANCE COMPANY OF THE WEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$345.35
4/15/2015		$345.35
5/15/2015		$345.35
6/15/2015		$345.35
7/15/2015		$345.35
8/15/2015		$345.35
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,072.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-27847-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-27847-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27855	ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$313.88
4/15/2015		$313.88
5/15/2015		$313.88
6/15/2015		$313.88
7/15/2015		$313.88
8/15/2015		$313.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,883.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-27855-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-27855-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-27855-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 35 vehicles covered during 7/1/2014 to 12/31/2014	**$17.50**
Auto Theft Authority Assessment for 36 vehicles covered during 1/1/2015 to 6/30/2015	**$18.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27871	WESTERN AGRICULTURAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$38,549.77
4/15/2015		$38,549.77
5/15/2015		$38,549.77
6/15/2015		$38,549.77
7/15/2015		$38,549.77
8/15/2015		$38,549.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$231,298.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27871-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27871-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-27871-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 9,842 vehicles covered during 7/1/2014 to 12/31/2014	**$4,921.00**
Auto Theft Authority Assessment for 10,064 vehicles covered during 1/1/2015 to 6/30/2015	**$5,032.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27928	AMEX ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,462.17
4/15/2015		$11,462.17
5/15/2015		$11,462.17
6/15/2015		$11,462.17
7/15/2015		$11,462.17
8/15/2015		$11,462.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$68,773.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-27928-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-27928-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-27928-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27944	NATIONAL INSURANCE ASSOCIATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-27944-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-27944-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	27998	TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$156,445.85
4/15/2015		$156,445.85
5/15/2015		$156,445.85
6/15/2015		$156,445.85
7/15/2015		$156,445.85
8/15/2015		$156,445.85
	TOTAL INSTALLMENTS PAID IN 2015:	**$938,675.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-27998-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-27998-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 25,264 vehicles covered during 7/1/2014 to 12/31/2014	**$12,632.00**
Auto Theft Authority Assessment for 16,473 vehicles covered during 1/1/2015 to 6/30/2015	**$8,236.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28053	ROCKHILL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$6,719.24	
4/15/2015		$6,719.24	
5/15/2015		$6,719.24	
6/15/2015		$6,719.24	
7/15/2015		$6,719.24	
8/15/2015		$6,719.24	
		TOTAL INSTALLMENTS PAID IN 2015:	**$40,315.44**

Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2014 to 12/31/2014	**$0.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28188	TRAVCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28188-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28188-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28207	ANTHEM INSURANCE COMPANIES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-28207-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-28207-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28207-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28223	NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$21,147.55
4/15/2015		$21,147.55
5/15/2015		$21,147.55
6/15/2015		$21,147.55
7/15/2015		$21,147.55
8/15/2015		$21,147.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$126,885.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28223-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28223-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,343 vehicles covered during 7/1/2014 to 12/31/2014	**$1,171.50**
Auto Theft Authority Assessment for 1,990 vehicles covered during 1/1/2015 to 6/30/2015	**$995.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	28258	CONTINENTAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28258-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	28304	FEDERATED SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,810.54
4/15/2015		$8,810.54
5/15/2015		$8,810.54
6/15/2015		$8,810.54
7/15/2015		$8,810.54
8/15/2015		$8,810.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$52,863.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28304-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-28304-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-28304-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,974 vehicles covered during 7/1/2014 to 12/31/2014	**$987.00**
Auto Theft Authority Assessment for 2,073 vehicles covered during 1/1/2015 to 6/30/2015	**$1,036.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28339	GATEWAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$411.01
4/15/2015		$411.01
5/15/2015		$411.01
6/15/2015		$411.01
7/15/2015		$411.01
8/15/2015		$411.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,466.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28339-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28339-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2014 to 12/31/2014	**$15.00**
Auto Theft Authority Assessment for 18 vehicles covered during 1/1/2015 to 6/30/2015	**$9.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	28401	AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$59,597.94
4/15/2015		$59,597.94
5/15/2015		$59,597.94
6/15/2015		$59,597.94
7/15/2015		$59,597.94
8/15/2015		$59,597.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$357,587.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28401-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-28401-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-28401-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 14,453 vehicles covered during 7/1/2014 to 12/31/2014	**$7,226.50**
Auto Theft Authority Assessment for 13,593 vehicles covered during 1/1/2015 to 6/30/2015	**$6,796.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28452	REPUBLIC MORTGAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,603.00
4/15/2015		$11,603.00
5/15/2015		$11,603.00
6/15/2015		$11,603.00
7/15/2015		$11,603.00
8/15/2015		$11,603.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$69,618.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-28452-SP	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28460	SENTRY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-28460-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-28460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2015 to 6/30/2015		**$1.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28497	USPLATE GLASS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28497-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28497-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28649	EASTERN ATLANTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28649-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28649-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28665	CINCINNATI CASUALTY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,900.29
4/15/2015		$4,900.29
5/15/2015		$4,900.29
6/15/2015		$4,900.29
7/15/2015		$4,900.29
8/15/2015		$4,900.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,401.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-28665-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-28665-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-28665-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28746	EQUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28746-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28746-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2014 to 12/31/2014	**$4.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28860	RLI INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28860-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28860-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28886	TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,829.53
4/15/2015		$1,829.53
5/15/2015		$1,829.53
6/15/2015		$1,829.53
7/15/2015		$1,829.53
8/15/2015		$1,829.53
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,977.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28886-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28886-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 119 vehicles covered during 7/1/2014 to 12/31/2014	**$59.50**
Auto Theft Authority Assessment for 112 vehicles covered during 1/1/2015 to 6/30/2015	**$56.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	28932	MARKEL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,580.11
4/15/2015		$9,580.11
5/15/2015		$9,580.11
6/15/2015		$9,580.11
7/15/2015		$9,580.11
8/15/2015		$9,580.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$57,480.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-28932-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-28932-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,515 vehicles covered during 7/1/2014 to 12/31/2014	**$757.50**
Auto Theft Authority Assessment for 1,570 vehicles covered during 1/1/2015 to 6/30/2015	**$785.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29017	PROFESSIONALS ADVOCATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29017-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29017-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29033	ATAIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$62.00
4/15/2015		$62.00
5/15/2015		$62.00
6/15/2015		$62.00
7/15/2015		$62.00
8/15/2015		$62.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$372.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-29033-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-29033-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29033-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29068	IDS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$126,711.15
4/15/2015		$126,711.15
5/15/2015		$126,711.15
6/15/2015		$126,711.15
7/15/2015		$126,711.15
8/15/2015		$126,711.15
	TOTAL INSTALLMENTS PAID IN 2015:	**$760,266.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-29068-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-29068-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-29068-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 34,087 vehicles covered during 7/1/2014 to 12/31/2014	**$17,043.50**
Auto Theft Authority Assessment for 34,286 vehicles covered during 1/1/2015 to 6/30/2015	**$17,143.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29114	ARCH MORTGAGE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29114-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29157	UNITED WISCONSIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29157-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29157-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-29157-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29424	HARTFORD CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$52,180.02
4/15/2015		$52,180.02
5/15/2015		$52,180.02
6/15/2015		$52,180.02
7/15/2015		$52,180.02
8/15/2015		$52,180.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$313,080.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-29424-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-29424-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29424-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,315 vehicles covered during 7/1/2014 to 12/31/2014	**$1,157.50**
Auto Theft Authority Assessment for 2,742 vehicles covered during 1/1/2015 to 6/30/2015	**$1,371.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29440	MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,046.69
4/15/2015		$1,046.69
5/15/2015		$1,046.69
6/15/2015		$1,046.69
7/15/2015		$1,046.69
8/15/2015		$1,046.69
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,280.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29440-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29440-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 452 vehicles covered during 7/1/2014 to 12/31/2014	**$226.00**
Auto Theft Authority Assessment for 464 vehicles covered during 1/1/2015 to 6/30/2015	**$232.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29459	TWIN CITY FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$102,355.88
4/15/2015		$102,355.88
5/15/2015		$102,355.88
6/15/2015		$102,355.88
7/15/2015		$102,355.88
8/15/2015		$102,355.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$614,135.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-29459-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-29459-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-29459-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 27,589 vehicles covered during 7/1/2014 to 12/31/2014	**$13,794.50**
Auto Theft Authority Assessment for 27,055 vehicles covered during 1/1/2015 to 6/30/2015	**$13,527.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29513	BAR PLAN MUTUAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29513-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29530	AXA ART INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29530-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29530-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	29580	BERKLEY REGIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$17,701.26
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,701.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29580-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
Auto Theft Authority Assessment for 65 vehicles covered during 7/1/2014 to 12/31/2014		**$32.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	29599	U.S. SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,110.91
4/15/2015		$15,110.91
5/15/2015		$15,110.91
6/15/2015		$15,110.91
7/15/2015		$15,110.91
8/15/2015		$15,110.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$90,665.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-29599-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-29599-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29599-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29688	ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$761,112.25
4/15/2015		$761,112.25
5/15/2015		$761,112.25
6/15/2015		$761,112.25
7/15/2015		$761,112.25
8/15/2015		$761,112.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,566,673.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-29688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-29688-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 254,891 vehicles covered during 7/1/2014 to 12/31/2014	**$127,445.50**
Auto Theft Authority Assessment for 271,040 vehicles covered during 1/1/2015 to 6/30/2015	**$135,520.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29700	NORTH AMERICAN ELITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$24,416.84
4/15/2015		$24,416.84
5/15/2015		$24,416.84
6/15/2015		$24,416.84
7/15/2015		$24,416.84
8/15/2015		$24,416.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$146,501.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-29700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-29700-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-29700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29742	INTEGON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,254.45
4/15/2015		$11,254.45
5/15/2015		$11,254.45
6/15/2015		$11,254.45
7/15/2015		$11,254.45
8/15/2015		$11,254.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$67,526.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29742-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29742-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,385 vehicles covered during 7/1/2014 to 12/31/2014	**$692.50**
Auto Theft Authority Assessment for 1,232 vehicles covered during 1/1/2015 to 6/30/2015	**$616.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29793	PACIFIC STAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,801.23
4/15/2015		$1,801.23
5/15/2015		$1,801.23
6/15/2015		$1,801.23
7/15/2015		$1,801.23
8/15/2015		$1,801.23
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,807.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-29793-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-29793-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 634 vehicles covered during 7/1/2014 to 12/31/2014	**$317.00**
Auto Theft Authority Assessment for 211 vehicles covered during 1/1/2015 to 6/30/2015	**$105.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	29807	PXRE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29807-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-29807-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-29807-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29858	MORTGAGE GUARANTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$51,990.08
4/15/2015		$51,990.08
5/15/2015		$51,990.08
6/15/2015		$51,990.08
7/15/2015		$51,990.08
8/15/2015		$51,990.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$311,940.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29858-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29874	NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,181.47
4/15/2015		$6,181.47
5/15/2015		$6,181.47
6/15/2015		$6,181.47
7/15/2015		$6,181.47
8/15/2015		$6,181.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$37,088.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-29874-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-29874-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-29874-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 5 vehicles covered during 7/1/2014 to 12/31/2014	**$2.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29890	HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29890-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29890-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	29980	FIRST COLONIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,453.84
4/15/2015		$4,453.84
5/15/2015		$4,453.84
6/15/2015		$4,453.84
7/15/2015		$4,453.84
8/15/2015		$4,453.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,723.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-29980-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-29980-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	29998	UPPER HUDSON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	30058	SCOR REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-30058-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-30058-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	30104	HARTFORD UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$60,096.26
4/15/2015		$60,098.84
5/15/2015		$60,097.55
6/15/2015		$60,097.55
7/15/2015		$60,097.55
8/15/2015		$60,097.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$360,585.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-30104-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-30104-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-30104-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 18,180 vehicles covered during 7/1/2014 to 12/31/2014	**$9,090.00**
Auto Theft Authority Assessment for 17,617 vehicles covered during 1/1/2015 to 6/30/2015	**$8,808.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30120	ZNAT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-30120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-30120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	30180	ASSURED GUARANTY CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-30180-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-30180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30210	ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$103,777.70
4/15/2015		$103,777.70
5/15/2015		$103,777.70
6/15/2015		$103,777.70
7/15/2015		$103,777.70
8/15/2015		$103,777.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$622,666.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-30210-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-30210-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 35,380 vehicles covered during 7/1/2014 to 12/31/2014	**$17,690.00**
Auto Theft Authority Assessment for 35,732 vehicles covered during 1/1/2015 to 6/30/2015	**$17,866.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30279	BOSTON INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-30279-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	30325	ZALE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-30325-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-30325-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30830	ARCH INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-30830-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-30830-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30872	RADIAN MORTGAGE ASSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-30872-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30945	PLAZA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,805.12
4/15/2015		$4,805.12
5/15/2015		$4,805.12
6/15/2015		$4,805.12
7/15/2015		$4,805.12
8/15/2015		$4,805.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,830.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-30945-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-30945-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 271 vehicles covered during 7/1/2014 to 12/31/2014	**$135.50**
Auto Theft Authority Assessment for 224 vehicles covered during 1/1/2015 to 6/30/2015	**$112.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31003	TRI-STATE INSURANCE COMPANY OF MINNESOTA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31003-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-31003-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-31003-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31089	REPWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,806.05
4/15/2015		$1,806.05
5/15/2015		$1,832.01
6/15/2015		$1,831.49
7/15/2015		$1,806.05
8/15/2015		$1,806.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,887.70**

Auto Theft Authority Assessment for 153 vehicles covered during 7/1/2014 to 12/31/2014	**$76.50**
Auto Theft Authority Assessment for 167 vehicles covered during 1/1/2015 to 6/30/2015	**$83.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31119	MEDICO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,905.92
4/15/2015		$6,905.92
5/15/2015		$6,905.92
6/15/2015		$6,905.92
7/15/2015		$6,905.92
8/15/2015		$6,905.92
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,435.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-31119-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-31119-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31135	GREAT AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31135-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-31135-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31151	AMERICAN COLONIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31194	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$70,427.61
4/15/2015		$70,427.61
5/15/2015		$70,427.61
6/15/2015		$70,427.61
7/15/2015		$70,427.61
8/15/2015		$70,427.61
	TOTAL INSTALLMENTS PAID IN 2015:	**$422,565.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-31194-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-31194-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-31194-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31208	OAKWOOD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-31208-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-31208-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31232	WORK FIRST CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-31232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31275	REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31275-SP	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31325	ACADIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$113,255.76
	TOTAL INSTALLMENTS PAID IN 2015:	**$113,255.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-31325-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-31325-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 3,844 vehicles covered during 7/1/2014 to 12/31/2014		**$1,922.00**
Auto Theft Authority Assessment for 4,301 vehicles covered during 1/1/2015 to 6/30/2015		**$2,150.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31348	CRUM & FORSTER INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,620.86
4/15/2015		$1,620.86
5/15/2015		$1,620.86
6/15/2015		$1,620.86
7/15/2015		$1,620.86
8/15/2015		$1,620.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,725.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-31348-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 18 vehicles covered during 7/1/2014 to 12/31/2014	**$9.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2015 to 6/30/2015	**$1.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31380	AMERICAN SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$432.25
4/15/2015		$432.25
5/15/2015		$432.25
6/15/2015		$432.25
7/15/2015		$432.25
8/15/2015		$432.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,593.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31453	FINANCIAL PACIFIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$554.73
4/15/2015		$554.73
5/15/2015		$554.73
6/15/2015		$554.73
7/15/2015		$554.73
8/15/2015		$554.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,328.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31453-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-31453-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 42 vehicles covered during 7/1/2014 to 12/31/2014	**$21.00**
Auto Theft Authority Assessment for 13 vehicles covered during 1/1/2015 to 6/30/2015	**$6.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31470	NORGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,236.65
4/15/2015		$2,236.65
5/15/2015		$2,236.65
6/15/2015		$2,236.65
7/15/2015		$2,236.95
8/15/2015		$2,236.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,420.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-31470-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-31470-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-31470-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	31534	CITIZENS INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,625.97
4/15/2015		$7,625.97
5/15/2015		$7,625.97
6/15/2015		$7,625.97
7/15/2015		$7,625.97
8/15/2015		$7,625.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$45,755.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-31534-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-31534-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	31550	HAULERS INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-31550-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-31550-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	31887	COFACE NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,500.00
4/15/2015		$2,500.00
5/15/2015		$2,500.00
6/15/2015		$2,500.00
7/15/2015		$2,500.00
8/15/2015		$2,500.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$15,000.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-31887-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-31887-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	31895	AMERICAN INTERSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-31895-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-31895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	31925	FALLS LAKE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-31925-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-31925-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-31925-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2015 to 6/30/2015		**$4.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	31968	MERASTAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-31968-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-31968-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 74 vehicles covered during 7/1/2014 to 12/31/2014	**$37.00**
Auto Theft Authority Assessment for 59 vehicles covered during 1/1/2015 to 6/30/2015	**$29.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32077	HERITAGE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32077-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-32077-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-32077-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32174	REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32174-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32190	CONSTITUTION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-32190-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-32190-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-32190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32220	21ST CENTURY NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$13,046.39
4/15/2015		$13,046.39
5/15/2015		$13,046.39
6/15/2015		$13,046.39
7/15/2015		$13,046.39
8/15/2015		$13,046.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$78,278.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32220-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32220-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-32220-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 4,428 vehicles covered during 7/1/2014 to 12/31/2014	**$2,214.00**
Auto Theft Authority Assessment for 3,720 vehicles covered during 1/1/2015 to 6/30/2015	**$1,860.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32280	COMMERCIAL CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-32280-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-32280-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32301	TNUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32301-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-32301-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-32301-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32352	LM PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32352-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-32352-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-32352-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32433	MEDICAL INSURANCE EXCHANGE OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32433-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32433-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32450	ALPS PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32450-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32450-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32522	MEDICAL MUTUAL INSURANCE COMPANY OF NORTH CAROLINA

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		$0.00
Annual Statement Filing Fee	Code 28:	$300.00
	TOTAL:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32603	BERKLEY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$53,779.74
	TOTAL INSTALLMENTS PAID IN 2015:	**$53,779.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32603-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-32603-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-32603-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32620	NATIONAL INTERSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$14,260.97
4/15/2015		$14,260.97
5/15/2015		$14,260.97
6/15/2015		$14,260.97
7/15/2015		$14,260.97
8/15/2015		$14,260.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$85,565.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-32620-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-32620-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 746 vehicles covered during 7/1/2014 to 12/31/2014	**$373.00**
Auto Theft Authority Assessment for 731 vehicles covered during 1/1/2015 to 6/30/2015	**$365.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32700	OWNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$141,514.17
4/15/2015		$141,514.17
5/15/2015		$141,514.17
6/15/2015		$141,514.17
7/15/2015		$141,514.17
8/15/2015		$141,514.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$849,085.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32700-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 18,653 vehicles covered during 7/1/2014 to 12/31/2014	**$9,326.50**
Auto Theft Authority Assessment for 18,589 vehicles covered during 1/1/2015 to 6/30/2015	**$9,294.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32760	LIBERTY AMERICAN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32760-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32760-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32778	WASHINGTON INTERNATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,996.76
4/15/2015		$1,996.76
5/15/2015		$1,996.76
6/15/2015		$1,996.76
7/15/2015		$1,996.76
8/15/2015		$1,996.76
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,980.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32778-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-32778-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-32778-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32786	PROGRESSIVE SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32786-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32786-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32832	MUTUAL INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$244,051.40
4/15/2015		$244,051.40
5/15/2015		$244,051.40
6/15/2015		$244,051.40
7/15/2015		$244,051.40
8/15/2015		$244,051.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,464,308.40**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	32859	PENN-AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32859-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32859-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32867	UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-32867-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-32867-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33014	TRANSPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33022	AXA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$27,777.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$27,777.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33022-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-33022-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-33022-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	33162	BANKERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$14,348.51
4/15/2015		$14,348.51
5/15/2015		$14,348.51
6/15/2015		$14,348.51
7/15/2015		$14,348.51
8/15/2015		$14,348.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$86,091.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33162-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-33162-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 4,172 vehicles covered during 7/1/2014 to 12/31/2014	**$2,086.00**
Auto Theft Authority Assessment for 3,394 vehicles covered during 1/1/2015 to 6/30/2015	**$1,697.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	33200	NORCAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-33200-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33383	FIRST PROFESSIONALS INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-33383	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA15-33383	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33391	PROASSURANCE INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,011.08
4/15/2015		$4,011.08
5/15/2015		$4,011.08
6/15/2015		$4,011.08
7/15/2015		$4,011.08
8/15/2015		$4,011.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,066.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-33391-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-33391-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	33499	DORINCO REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,800.06
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,800.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-33499-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	33588	FIRST LIBERTY INSURANCE CORPORATION, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$25,294.66
4/15/2015		$25,294.66
5/15/2015		$25,294.66
6/15/2015		$25,294.66
7/15/2015		$25,294.66
8/15/2015		$25,294.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$151,767.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33588-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-33588-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-33588-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,058 vehicles covered during 7/1/2014 to 12/31/2014	**$529.00**
Auto Theft Authority Assessment for 1,204 vehicles covered during 1/1/2015 to 6/30/2015	**$602.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33600	LM INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$52,216.80
4/15/2015		$52,216.80
5/15/2015		$52,216.80
6/15/2015		$52,216.80
7/15/2015		$52,216.80
8/15/2015		$52,216.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$313,300.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-33600-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-33600-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-33600-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 3,367 vehicles covered during 7/1/2014 to 12/31/2014	**$1,683.50**
Auto Theft Authority Assessment for 3,398 vehicles covered during 1/1/2015 to 6/30/2015	**$1,699.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33650	MENDOTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$29,738.47
4/15/2015		$29,738.47
5/15/2015		$29,738.47
6/15/2015		$29,738.47
7/15/2015		$29,738.47
8/15/2015		$29,738.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$178,430.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33650-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-33650-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 13,527 vehicles covered during 7/1/2014 to 12/31/2014	**$6,763.50**
Auto Theft Authority Assessment for 13,776 vehicles covered during 1/1/2015 to 6/30/2015	**$6,888.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33715	REPUBLIC CREDIT INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33715-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-33715-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33723	GREAT AMERICAN SPIRIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33723-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-33723-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-33723-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33790	RADIAN GUARANTY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$87,266.24
4/15/2015		$87,266.24
5/15/2015		$87,266.24
6/15/2015		$87,266.24
7/15/2015		$87,266.24
8/15/2015		$87,266.24
	TOTAL INSTALLMENTS PAID IN 2015:	**$523,597.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33790-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	33898	AEGIS SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,937.21
4/15/2015		$2,937.21
5/15/2015		$2,937.21
6/15/2015		$2,937.21
7/15/2015		$2,937.21
8/15/2015		$2,937.21
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,623.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33898-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-33898-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-33898-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	33944	RADIAN MORTGAGE INSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-33944-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	33987	ADM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34002	TRANS CITY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$3,394.94
4/15/2015		$3,394.94
5/15/2015		$3,394.94
6/15/2015		$3,394.94
7/15/2015		$3,394.94
8/15/2015		$3,394.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$20,369.64**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	34037	HALLMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$70,628.08	
4/15/2015		$70,628.08	
5/15/2015		$70,628.08	
6/15/2015		$70,628.08	
7/15/2015		$70,628.08	
8/15/2015		$70,628.08	
		TOTAL INSTALLMENTS PAID IN 2015:	**$423,768.48**

Auto Theft Authority Assessment for 65,775 vehicles covered during 7/1/2014 to 12/31/2014	**$32,887.50**
Auto Theft Authority Assessment for 72,056 vehicles covered during 1/1/2015 to 6/30/2015	**$36,028.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34045	DALLAS MECHANICAL INSURANCE COMPANY

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: 4/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MR	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 65:	$4,500.00
Annual Statement Filing Fee		$0.00
	TOTAL:	**$4,500.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	34274	CENTRAL STATES INDEMNITY CO. OF OMAHA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$12,576.52
4/15/2015		$12,576.52
5/15/2015		$12,576.52
6/15/2015		$12,576.52
7/15/2015		$12,576.52
8/15/2015		$12,576.52
	TOTAL INSTALLMENTS PAID IN 2015:	**$75,459.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34274-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-34274-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-34274-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	34312	PRODUCERS AGRICULTURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,162.41
4/15/2015		$5,162.41
5/15/2015		$5,162.41
6/15/2015		$5,162.41
7/15/2015		$5,162.41
8/15/2015		$5,162.41
	TOTAL INSTALLMENTS PAID IN 2015:	**$30,974.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34312-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	34339	METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$101,063.26
4/15/2015		$101,063.26
5/15/2015		$101,063.26
6/15/2015		$101,063.26
7/15/2015		$101,063.26
8/15/2015		$101,063.26
	TOTAL INSTALLMENTS PAID IN 2015:	**$606,379.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34339-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-34339-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 19,615 vehicles covered during 7/1/2014 to 12/31/2014	**$9,807.50**
Auto Theft Authority Assessment for 18,244 vehicles covered during 1/1/2015 to 6/30/2015	**$9,122.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34347	COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34347-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-34347-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34460	AUTOONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-34460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34479	MAIDSTONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-34479-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34479-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34495	DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$16,469.91
4/15/2015		$16,469.91
5/15/2015		$16,469.91
6/15/2015		$16,469.91
7/15/2015		$16,469.91
8/15/2015		$16,469.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$98,819.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34495-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-34495-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-34495-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34525	FIRST AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-34525-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34525-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	34630	OAK RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34630-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-34630-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34649	CENTRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-34649-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-34649-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-34649-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34690	PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,875.80
4/15/2015		$31,880.64
5/15/2015		$31,878.22
6/15/2015		$31,878.22
7/15/2015		$31,878.22
8/15/2015		$31,878.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$191,269.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-34690-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34690-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-34690-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 992 vehicles covered during 7/1/2014 to 12/31/2014	**$496.00**
Auto Theft Authority Assessment for 1,220 vehicles covered during 1/1/2015 to 6/30/2015	**$610.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34711	COMPUTER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-34711-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34711-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34738	ARAG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,931.45
4/15/2015		$1,931.45
5/15/2015		$1,931.45
6/15/2015		$1,931.45
7/15/2015		$1,931.45
8/15/2015		$1,931.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,588.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34738-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34762	SUNZ INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-34762-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34762-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34789	21ST CENTURY CENTENNIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$963.62
4/15/2015		$963.62
5/15/2015		$963.62
6/15/2015		$963.62
7/15/2015		$963.62
8/15/2015		$963.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,781.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-34789-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-34789-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34789-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 320 vehicles covered during 7/1/2014 to 12/31/2014	**$160.00**
Auto Theft Authority Assessment for 280 vehicles covered during 1/1/2015 to 6/30/2015	**$140.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34886	AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34886-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-34886-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34894	TRENWICK AMERICA REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-34894-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-34894-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34924	DAKOTA TRUCK UNDERWRITERS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-34924-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-34924-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35009	FINANCIAL CASUALTY & SURETY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-35009-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35157	FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,108.43
4/15/2015		$1,108.43
5/15/2015		$1,108.43
6/15/2015		$1,108.43
7/15/2015		$1,108.43
8/15/2015		$1,108.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,650.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-35157-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-35157-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-35157-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	35181	EXECUTIVE RISK INDEMNITY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,572.57
4/15/2015		$2,572.57
5/15/2015		$2,572.57
6/15/2015		$2,572.57
7/15/2015		$2,572.57
8/15/2015		$2,572.57
	TOTAL INSTALLMENTS PAID IN 2015:	**$15,435.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-35181-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-35181-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35246	ILLINOIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-35246-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-35246-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	35289	CONTINENTAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$22,450.72
4/15/2015		$22,450.72
5/15/2015		$22,450.72
6/15/2015		$22,450.72
7/15/2015		$22,450.72
8/15/2015		$22,450.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$134,704.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-35289-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-35289-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-35289-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 1,330 vehicles covered during 7/1/2014 to 12/31/2014	**$665.00**
Auto Theft Authority Assessment for 1,171 vehicles covered during 1/1/2015 to 6/30/2015	**$585.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35300	ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$48,656.99
4/15/2015		$48,656.99
5/15/2015		$48,656.99
6/15/2015		$48,656.99
7/15/2015		$48,656.99
8/15/2015		$48,656.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$291,941.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-35300-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-35300-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35319	UNITED AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$80,482.34
4/15/2015		$80,482.34
5/15/2015		$80,482.34
6/15/2015		$80,482.34
7/15/2015		$80,482.34
8/15/2015		$80,482.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$482,894.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-35319-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-35319-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 47,146 vehicles covered during 7/1/2014 to 12/31/2014	**$23,573.00**
Auto Theft Authority Assessment for 50,644 vehicles covered during 1/1/2015 to 6/30/2015	**$25,322.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35378	EVANSTON INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35386	FIDELITY AND GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-35386-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-35386-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	35408	IMPERIUM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,896.82
4/15/2015		$6,896.82
5/15/2015		$6,896.82
6/15/2015		$6,896.82
7/15/2015		$6,896.82
8/15/2015		$6,896.82
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,380.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-35408-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-35408-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-35408-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 444 vehicles covered during 7/1/2014 to 12/31/2014	**$222.00**
Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2015 to 6/30/2015	**$23.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35416	U.S. UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-35416-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-35416-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35424	OLD REPUBLIC SECURITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35432	NEW JERSEY RE-INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35483	DAILY UNDERWRITERS OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,569.49
4/15/2015		$2,569.49
5/15/2015		$2,569.49
6/15/2015		$2,569.49
7/15/2015		$2,569.49
8/15/2015		$2,569.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$15,416.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-35483-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-35483-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-35483-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 99 vehicles covered during 7/1/2014 to 12/31/2014	**$49.50**
Auto Theft Authority Assessment for 104 vehicles covered during 1/1/2015 to 6/30/2015	**$52.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35505	ROCKWOOD CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-35505-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-35505-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35602	OHIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-35602-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-35602-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-35602-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	35769	LYNDON PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$18,340.59
4/15/2015		$18,340.59
5/15/2015		$18,340.59
6/15/2015		$18,340.59
7/15/2015		$18,340.59
8/15/2015		$18,340.59
	TOTAL INSTALLMENTS PAID IN 2015:	**$110,043.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-35769-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-35769-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-35769-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35882	GEICO GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$84,038.47
4/15/2015		$84,038.47
5/15/2015		$84,038.47
6/15/2015		$84,038.47
7/15/2015		$84,038.47
8/15/2015		$84,038.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$504,230.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-35882-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-35882-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-35882-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 178,025 vehicles covered during 7/1/2014 to 12/31/2014	**$89,012.50**
Auto Theft Authority Assessment for 170,706 vehicles covered during 1/1/2015 to 6/30/2015	**$85,353.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35955	CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF OREGON

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$35,000.00
4/15/2015		$35,000.00
5/15/2015		$35,000.00
6/15/2015		$35,000.00
7/15/2015		$35,000.00
8/15/2015		$35,000.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$210,000.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-35955-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-35955-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 5,388 vehicles covered during 7/1/2014 to 12/31/2014	**$2,694.00**
Auto Theft Authority Assessment for 4,935 vehicles covered during 1/1/2015 to 6/30/2015	**$2,467.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36048	UNIONE ITALIANA REINSURANCE COMPANY OF AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36048-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36048-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36064	HANOVER AMERICAN INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,426.01
4/15/2015		$5,426.01
5/15/2015		$5,426.01
6/15/2015		$5,426.01
7/15/2015		$5,426.01
8/15/2015		$5,426.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$32,556.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36064-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36064-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 5 vehicles covered during 7/1/2014 to 12/31/2014	**$2.50**
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2015 to 6/30/2015	**$4.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36072	NATIONAL GUARDIAN RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms.

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**HI**	**Business Type**	**RG**	RISK RETENTION GROUP
		Entity Type	**OT**	OTHER

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36137	TRAVELERS COMMERCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$13,643.53
4/15/2015		$13,643.53
5/15/2015		$13,643.53
6/15/2015		$13,643.53
7/15/2015		$13,643.53
8/15/2015		$13,643.53
	TOTAL INSTALLMENTS PAID IN 2015:	**$81,861.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36137-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36137-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,641 vehicles covered during 7/1/2014 to 12/31/2014	**$1,820.50**
Auto Theft Authority Assessment for 2,480 vehicles covered during 1/1/2015 to 6/30/2015	**$1,240.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36145	TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36145-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36145-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36153	AETNA INSURANCE COMPANY OF CONNECTICUT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,904.54
4/15/2015		$4,904.54
5/15/2015		$4,904.54
6/15/2015		$4,904.54
7/15/2015		$4,904.54
8/15/2015		$4,904.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,427.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36153-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36153-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36161	TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$53,599.36
4/15/2015		$53,599.36
5/15/2015		$53,599.36
6/15/2015		$53,599.36
7/15/2015		$53,599.36
8/15/2015		$53,599.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$321,596.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36161-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36161-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 10,076 vehicles covered during 7/1/2014 to 12/31/2014	**$5,038.00**
Auto Theft Authority Assessment for 25,797 vehicles covered during 1/1/2015 to 6/30/2015	**$12,898.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36170	TRAVELERS CASUALTY COMPANY OF CONNECTICUT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36170-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36170-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	36234	PREFERRED PROFESSIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36234-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36234-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2014 to 12/31/2014	**$2.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2015 to 6/30/2015	**$1.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	36269	TITAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36269-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36269-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 100 vehicles covered during 7/1/2014 to 12/31/2014	**$50.00**
Auto Theft Authority Assessment for 90 vehicles covered during 1/1/2015 to 6/30/2015	**$45.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36307	GRAY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36307-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36307-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36340	CAMICO MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,278.42
4/15/2015		$3,268.42
5/15/2015		$3,268.42
6/15/2015		$3,268.42
7/15/2015		$3,268.42
8/15/2015		$3,268.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,620.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36340-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36340-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36447	LM GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$296,492.08
4/15/2015		$296,492.08
5/15/2015		$296,492.08
6/15/2015		$296,492.08
7/15/2015		$296,492.08
8/15/2015		$296,492.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,778,952.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-36447-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-36447-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36447-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 98,141 vehicles covered during 7/1/2014 to 12/31/2014	**$49,070.50**
Auto Theft Authority Assessment for 104,123 vehicles covered during 1/1/2015 to 6/30/2015	**$52,061.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36455	ALLSTATE NORTHBROOK INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-36455-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-36455-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36455-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2014 to 12/31/2014	**$4.50**
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2015 to 6/30/2015	**$1.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	36463	DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36463-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-36463-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-36463-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	36552	COLISEUM REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36552-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36552-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36560	SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36560-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36560-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36587	21ST CENTURY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36587-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-36587-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-36587-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36650	GUARANTEE COMPANY OF NORTH AMERICA USA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,301.26
4/15/2015		$2,301.26
5/15/2015		$2,301.26
6/15/2015		$2,301.26
7/15/2015		$2,301.26
8/15/2015		$2,301.26
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,807.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36650-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36650-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	36684	RIVERPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$61,932.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$61,932.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-36684-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-36684-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36684-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,121 vehicles covered during 7/1/2014 to 12/31/2014	**$1,060.50**
Auto Theft Authority Assessment for 2,204 vehicles covered during 1/1/2015 to 6/30/2015	**$1,102.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	36781	FMH AG RISK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-36781-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-36781-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36781-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36790	SPRINGFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36790-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36790-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36897	MANUFACTURERS ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-36897-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-36897-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36897-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 28 vehicles covered during 7/1/2014 to 12/31/2014	**$14.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2015 to 6/30/2015	**$1.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36927	COLONY SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$125.00
4/15/2015		$125.00
5/15/2015		$125.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$375.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-36927-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-36927-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36951	CENTURY SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-36951-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-36951-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37001	ATX PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,863.27
4/15/2015		$10,863.27
5/15/2015		$10,863.27
6/15/2015		$10,863.27
7/15/2015		$10,863.27
8/15/2015		$10,863.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$65,179.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37001-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37001-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37060	OLD UNITED CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,259.13
4/15/2015		$10,259.13
5/15/2015		$10,259.13
6/15/2015		$10,259.13
7/15/2015		$10,259.13
8/15/2015		$10,259.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$61,554.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37060-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37060-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-37060-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37095	GENWORTH FINANCIAL ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37095-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37095-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37109	LANDCAR CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,981.09
4/15/2015		$8,981.09
5/15/2015		$8,981.09
6/15/2015		$8,981.09
7/15/2015		$8,981.09
8/15/2015		$8,981.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$53,886.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37109-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37150	WESTERN HERITAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$9,159.44	
4/15/2015		$9,159.44	
5/15/2015		$9,159.44	
6/15/2015		$9,159.44	
7/15/2015		$9,159.44	
8/15/2015		$9,159.44	
		TOTAL INSTALLMENTS PAID IN 2015:	**$54,956.64**

Auto Theft Authority Assessment for 417 vehicles covered during 1/1/2015 to 6/30/2015	**$208.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37184	DEERFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37184-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37184-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37206	CONTRACTORS BONDING AND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,284.86
4/15/2015		$15,284.86
5/15/2015		$15,284.86
6/15/2015		$15,284.86
7/15/2015		$15,284.86
8/15/2015		$15,285.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$91,710.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37206-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,039 vehicles covered during 7/1/2014 to 12/31/2014	**$519.50**
Auto Theft Authority Assessment for 1,080 vehicles covered during 1/1/2015 to 6/30/2015	**$540.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37214	AMERICAN STATES PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37214-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37214-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	37257	PRAETORIAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$32,607.23
4/15/2015		$32,607.23
5/15/2015		$32,607.23
6/15/2015		$32,607.23
7/15/2015		$32,607.23
8/15/2015		$32,607.23
	TOTAL INSTALLMENTS PAID IN 2015:	**$195,643.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37257-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37257-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-37257-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 1,470 vehicles covered during 7/1/2014 to 12/31/2014	**$735.00**
Auto Theft Authority Assessment for 1,445 vehicles covered during 1/1/2015 to 6/30/2015	**$722.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	37273	AXIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$17,821.87
4/15/2015		$17,821.87
5/15/2015		$17,821.87
6/15/2015		$17,821.87
7/15/2015		$17,821.87
8/15/2015		$17,821.87
	TOTAL INSTALLMENTS PAID IN 2015:	**$106,931.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37273-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37273-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-37273-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 39 vehicles covered during 7/1/2014 to 12/31/2014	**$19.50**
Auto Theft Authority Assessment for 72 vehicles covered during 1/1/2015 to 6/30/2015	**$36.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37478	HARTFORD INSURANCE COMPANY OF THE MIDWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$67,333.57
4/15/2015		$67,346.11
5/15/2015		$67,339.84
6/15/2015		$67,339.84
7/15/2015		$67,339.84
8/15/2015		$67,339.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$404,039.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37478-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37478-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 13,478 vehicles covered during 7/1/2014 to 12/31/2014	**$6,739.00**
Auto Theft Authority Assessment for 12,275 vehicles covered during 1/1/2015 to 6/30/2015	**$6,137.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37540	BEAZLEY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,576.11
4/15/2015		$10,576.11
5/15/2015		$10,576.11
6/15/2015		$10,576.11
7/15/2015		$10,576.11
8/15/2015		$10,576.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$63,456.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-37540-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-37540-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37540-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37621	TOYOTA MOTOR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,304.08
4/15/2015		$6,304.08
5/15/2015		$6,304.08
6/15/2015		$6,304.08
7/15/2015		$6,304.08
8/15/2015		$6,304.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$37,824.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37621-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37621-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37648	PERMANENT GENERAL ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$57,189.37
4/15/2015		$57,189.37
5/15/2015		$57,189.37
6/15/2015		$57,189.37
7/15/2015		$57,189.37
8/15/2015		$57,189.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$343,136.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 28,862 vehicles covered during 7/1/2014 to 12/31/2014	**$14,431.00**
Auto Theft Authority Assessment for 31,861 vehicles covered during 1/1/2015 to 6/30/2015	**$15,930.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	37710	FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,631.66
4/15/2015		$31,631.66
5/15/2015		$31,631.66
6/15/2015		$31,631.66
7/15/2015		$31,631.66
8/15/2015		$31,631.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$189,789.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37710-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37710-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 160 vehicles covered during 7/1/2014 to 12/31/2014	**$80.00**
Auto Theft Authority Assessment for 211 vehicles covered during 1/1/2015 to 6/30/2015	**$105.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37770	CSAA GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$293,042.77
4/15/2015		$293,042.77
5/15/2015		$293,042.77
6/15/2015		$293,042.77
7/15/2015		$293,042.77
8/15/2015		$293,042.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,758,256.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37770-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37770-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 115,183 vehicles covered during 7/1/2014 to 12/31/2014	**$57,591.50**
Auto Theft Authority Assessment for 121,181 vehicles covered during 1/1/2015 to 6/30/2015	**$60,590.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37800	KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37800-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37800-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37834	PROGRESSIVE PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$475,019.60
4/15/2015		$475,019.60
5/15/2015		$475,019.60
6/15/2015		$475,019.60
7/15/2015		$475,019.60
8/15/2015		$475,019.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,850,117.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37834-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37834-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 179,371 vehicles covered during 7/1/2014 to 12/31/2014	**$89,685.50**
Auto Theft Authority Assessment for 180,748 vehicles covered during 1/1/2015 to 6/30/2015	**$90,374.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	37850	PACIFIC SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,991.83
4/15/2015		$31,991.83
5/15/2015		$31,991.83
6/15/2015		$31,991.83
7/15/2015		$31,991.83
8/15/2015		$31,991.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$191,950.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37850-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37850-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,473 vehicles covered during 7/1/2014 to 12/31/2014	**$1,236.50**
Auto Theft Authority Assessment for 3,048 vehicles covered during 1/1/2015 to 6/30/2015	**$1,524.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37869	PRE-PAID LEGAL CASUALTY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$28,345.07
4/15/2015		$28,345.07
5/15/2015		$28,345.07
6/15/2015		$28,345.07
7/15/2015		$28,345.07
8/15/2015		$28,345.07
	TOTAL INSTALLMENTS PAID IN 2015:	**$170,070.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37869-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37877	NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37877-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-37877-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-37877-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37885	XL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$36,146.00
4/15/2015		$36,146.00
5/15/2015		$36,146.00
6/15/2015		$36,146.00
7/15/2015		$36,146.00
8/15/2015		$36,146.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$216,876.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37885-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37885-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 75 vehicles covered during 7/1/2014 to 12/31/2014	**$37.50**
Auto Theft Authority Assessment for 79 vehicles covered during 1/1/2015 to 6/30/2015	**$39.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37907	ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$80,381.12
4/15/2015		$80,381.12
5/15/2015		$80,381.12
6/15/2015		$80,381.12
7/15/2015		$80,381.12
8/15/2015		$80,381.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$482,286.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-37907-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-37907-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37907-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 11 vehicles covered during 7/1/2014 to 12/31/2014	**$5.50**
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2015 to 6/30/2015	**$2.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	37915	ESSENTIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$22,450.56
4/15/2015		$22,450.56
5/15/2015		$22,450.56
6/15/2015		$22,450.56
7/15/2015		$22,450.56
8/15/2015		$22,450.56
	TOTAL INSTALLMENTS PAID IN 2015:	**$134,703.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37915-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37915-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 35,223 vehicles covered during 7/1/2014 to 12/31/2014	**$17,611.50**
Auto Theft Authority Assessment for 38,249 vehicles covered during 1/1/2015 to 6/30/2015	**$19,124.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37923	GEICO MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,810.70
4/15/2015		$1,810.70
5/15/2015		$1,810.70
6/15/2015		$1,810.70
7/15/2015		$1,810.70
8/15/2015		$1,810.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,864.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37923-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-37923-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37931	AMERICAN FARMERS & RANCHERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37931-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-37931-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-37931-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37940	LEXINGTON NATIONAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,072.66
4/15/2015		$2,036.33
6/15/2015		$2,036.33
7/15/2015		$2,036.33
8/15/2015		$2,036.33
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,217.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-37940-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37958	ACCEPTANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37958-RH	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37958-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37990	AMERICAN EMPIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-37990-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-37990-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38067	ECONOMY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$23,291.84
4/15/2015		$23,291.84
5/15/2015		$23,291.84
6/15/2015		$23,291.84
7/15/2015		$23,291.84
8/15/2015		$23,291.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$139,751.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38067-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-38067-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4,224 vehicles covered during 7/1/2014 to 12/31/2014	**$2,112.00**
Auto Theft Authority Assessment for 3,990 vehicles covered during 1/1/2015 to 6/30/2015	**$1,995.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	38130	TRAVELERS PERSONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38130-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-38130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38148	LANCER INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38148-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-38148-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-38148-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38156	ALPHA PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$21,052.86
4/15/2015		$21,052.86
5/15/2015		$21,052.86
6/15/2015		$21,052.86
7/15/2015		$21,052.86
8/15/2015		$21,052.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$126,317.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38156-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38156-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 8,762 vehicles covered during 7/1/2014 to 12/31/2014	**$4,381.00**
Auto Theft Authority Assessment for 11,019 vehicles covered during 1/1/2015 to 6/30/2015	**$5,509.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38245	BCS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$54,174.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$54,174.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38245-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-38245-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-38245-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38300	SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$813.46
4/15/2015		$813.46
5/15/2015		$813.46
6/15/2015		$813.46
7/15/2015		$813.46
8/15/2015		$813.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,880.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38300-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-38300-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 39 vehicles covered during 7/1/2014 to 12/31/2014	**$19.50**
Auto Theft Authority Assessment for 47 vehicles covered during 1/1/2015 to 6/30/2015	**$23.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38318	STARR INDEMNITY & LIABILITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$45,472.50
4/15/2015		$45,472.50
5/15/2015		$45,472.50
6/15/2015		$45,472.50
7/15/2015		$45,642.30
8/15/2015		$45,642.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$273,174.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38318-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-38318-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-38318-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 384 vehicles covered during 7/1/2014 to 12/31/2014	**$192.00**
Auto Theft Authority Assessment for 518 vehicles covered during 1/1/2015 to 6/30/2015	**$259.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38458	GENWORTH MORTGAGE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$54,111.61
4/15/2015		$54,111.61
5/15/2015		$54,111.61
6/15/2015		$54,111.61
7/15/2015		$54,111.61
8/15/2015		$54,111.61
	TOTAL INSTALLMENTS PAID IN 2015:	**$324,669.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38458-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38466	EVERGREEN USA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2014 to 12/31/2014	**$2.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38490	ARIZONA HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$23,938.14
4/15/2015		$23,938.14
5/15/2015		$23,938.14
6/15/2015		$23,938.14
7/15/2015		$23,938.14
8/15/2015		$23,938.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$143,628.84**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38512	RAMPART INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38512-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-38512-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38601	MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,094.38
4/15/2015		$1,094.38
5/15/2015		$1,094.38
6/15/2015		$1,094.38
7/15/2015		$1,094.38
8/15/2015		$1,094.38
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,566.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38601-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-38601-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	38628	PROGRESSIVE NORTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38628-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38628-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38636	PARTNER REINSURANCE COMPANY OF THE U.S.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38636-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38636-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-38636-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38652	AMERICAN MODERN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$43,057.44
4/15/2015		$43,057.44
5/15/2015		$43,057.44
6/15/2015		$43,057.44
7/15/2015		$43,057.44
8/15/2015		$43,057.44
	TOTAL INSTALLMENTS PAID IN 2015:	**$258,344.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38652-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38652-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 395 vehicles covered during 7/1/2014 to 12/31/2014	**$197.50**
Auto Theft Authority Assessment for 449 vehicles covered during 1/1/2015 to 6/30/2015	**$224.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	38660	MIC GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$936.25
4/15/2015		$936.25
5/15/2015		$936.25
6/15/2015		$936.25
7/15/2015		$936.25
8/15/2015		$936.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,617.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38660-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38660-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-38660-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 678 vehicles covered during 7/1/2014 to 12/31/2014	**$339.00**
Auto Theft Authority Assessment for 802 vehicles covered during 1/1/2015 to 6/30/2015	**$401.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38733	ALASKA NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38733-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38733-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 24 vehicles covered during 7/1/2014 to 12/31/2014	**$12.00**
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2015 to 6/30/2015	**$8.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38776	SIRIUS AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,054.33
4/15/2015		$1,054.33
5/15/2015		$1,054.33
6/15/2015		$1,054.33
7/15/2015		$1,054.33
8/15/2015		$1,054.33
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,325.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38776-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-38776-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-38776-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38865	CALIFORNIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38865-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-38865-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-38865-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38873	INFINITY SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-38873-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-38873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38911	BERKLEY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$14,036.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,036.94**

Auto Theft Authority Assessment for 42 vehicles covered during 7/1/2014 to 12/31/2014	**$21.00**
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2015 to 6/30/2015	**$10.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38962	GENESIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,293.17
4/15/2015		$1,293.17
5/15/2015		$1,293.17
6/15/2015		$1,293.17
7/15/2015		$1,293.17
8/15/2015		$1,293.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,759.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-38962-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38962-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-38962-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38970	MARKEL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,366.07
4/15/2015		$15,366.07
5/15/2015		$15,366.07
6/15/2015		$15,366.07
7/15/2015		$15,366.07
8/15/2015		$15,366.07
	TOTAL INSTALLMENTS PAID IN 2015:	**$92,196.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-38970-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-38970-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-38970-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 347 vehicles covered during 7/1/2014 to 12/31/2014	**$173.50**
Auto Theft Authority Assessment for 349 vehicles covered during 1/1/2015 to 6/30/2015	**$174.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39012	SAFECO INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,681.14
4/15/2015		$7,681.14
5/15/2015		$7,681.14
6/15/2015		$7,681.14
7/15/2015		$7,681.14
8/15/2015		$7,681.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$46,086.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39012-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39012-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 7,854 vehicles covered during 7/1/2014 to 12/31/2014	**$3,927.00**
Auto Theft Authority Assessment for 8,581 vehicles covered during 1/1/2015 to 6/30/2015	**$4,290.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39039	RURAL COMMUNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,647.18
4/15/2015		$1,581.93
5/15/2015		$1,581.93
6/15/2015		$1,581.93
7/15/2015		$1,581.93
8/15/2015		$1,581.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,556.83**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39039-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39039-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39098	OMNI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,630.81
4/15/2015		$6,630.81
5/15/2015		$6,630.81
6/15/2015		$6,630.81
7/15/2015		$6,630.81
8/15/2015		$6,630.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$39,784.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39098-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39098-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39136	FINIAL REINSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39152	AMERICAN HEALTHCARE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39152-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39152-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39187	SUECIA INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39217	QBE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$57,956.30
4/15/2015		$57,956.30
5/15/2015		$57,956.30
6/15/2015		$57,956.30
7/15/2015		$57,956.30
8/15/2015		$57,956.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$347,737.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39217-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-39217-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-39217-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 393 vehicles covered during 7/1/2014 to 12/31/2014	**$196.50**
Auto Theft Authority Assessment for 394 vehicles covered during 1/1/2015 to 6/30/2015	**$197.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39306	FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$34,205.42
4/15/2015		$34,205.42
5/15/2015		$34,205.42
6/15/2015		$34,205.42
7/15/2015		$34,205.42
8/15/2015		$34,205.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$205,232.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39306-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39306-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39322	GENERAL SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39322-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-39322-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-39322-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39527	HERITAGE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,100.25
4/15/2015		$4,100.25
5/15/2015		$4,100.25
6/15/2015		$4,100.25
7/15/2015		$4,100.25
8/15/2015		$4,100.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,601.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39527-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39527-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39551	CONTINENTAL HERITAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39551-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39608	NUTMEG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39608-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-39608-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39616	VISION SERVICE PLAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		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 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$77,518.60
4/15/2015		$77,518.60
5/15/2015		$77,518.60
6/15/2015		$77,518.60
7/15/2015		$77,519.00
8/15/2015		$77,518.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$465,112.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39616-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-39616-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39675	EXCALIBUR REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	39845	WESTPORT INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$14,717.96
4/15/2015		$14,717.96
5/15/2015		$14,719.96
6/15/2015		$14,717.96
7/15/2015		$14,717.96
8/15/2015		$14,717.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$88,309.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-39845-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-39845-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-39845-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	39861	GOLDEN BEAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39861-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39861-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	39942	AMERICAN NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,967.35
4/15/2015		$3,967.35
5/15/2015		$3,967.35
6/15/2015		$3,967.35
7/15/2015		$3,967.35
8/15/2015		$3,967.35
	TOTAL INSTALLMENTS PAID IN 2015:	**$23,804.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-39942-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-39942-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,115 vehicles covered during 7/1/2014 to 12/31/2014	**$557.50**
Auto Theft Authority Assessment for 584 vehicles covered during 1/1/2015 to 6/30/2015	**$292.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39950	METROPOLITAN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$415.76
4/15/2015		$415.76
5/15/2015		$415.76
6/15/2015		$415.76
7/15/2015		$415.76
8/15/2015		$415.76
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,494.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-39950-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-39950-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 131 vehicles covered during 7/1/2014 to 12/31/2014	**$65.50**
Auto Theft Authority Assessment for 106 vehicles covered during 1/1/2015 to 6/30/2015	**$53.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	39969	AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-39969-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-39969-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	40010	ANCHOR GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,503.61
4/15/2015		$5,503.61
5/15/2015		$5,503.61
6/15/2015		$5,503.61
7/15/2015		$5,503.61
8/15/2015		$5,503.61
	TOTAL INSTALLMENTS PAID IN 2015:	**$33,021.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40010-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40010-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 4,331 vehicles covered during 7/1/2014 to 12/31/2014	**$2,165.50**
Auto Theft Authority Assessment for 3,889 vehicles covered during 1/1/2015 to 6/30/2015	**$1,944.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40029	EXPLORER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40029-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40029-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-40029-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40045	STARNET INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$64,683.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$64,683.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40045-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-40045-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-40045-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2014 to 12/31/2014	**$3.00**
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2015 to 6/30/2015	**$4.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40134	CASTLEPOINT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40134-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40134-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40142	AMERICAN ZURICH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,594.70
4/15/2015		$11,594.70
5/15/2015		$11,594.70
6/15/2015		$11,594.70
7/15/2015		$11,594.70
8/15/2015		$11,594.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$69,568.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-40142-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-40142-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40142-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 125 vehicles covered during 7/1/2014 to 12/31/2014	**$62.50**
Auto Theft Authority Assessment for 215 vehicles covered during 1/1/2015 to 6/30/2015	**$107.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40150	MGA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$49,353.31
4/15/2015		$49,353.31
5/15/2015		$49,353.31
6/15/2015		$49,353.31
7/15/2015		$49,353.31
8/15/2015		$49,353.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$296,119.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40150-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40150-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 27,406 vehicles covered during 7/1/2014 to 12/31/2014	**$13,703.00**
Auto Theft Authority Assessment for 30,810 vehicles covered during 1/1/2015 to 6/30/2015	**$15,405.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40169	METROPOLITAN CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$71,961.49
4/15/2015		$71,961.49
5/15/2015		$71,961.49
6/15/2015		$71,961.49
7/15/2015		$71,961.49
8/15/2015		$71,961.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$431,768.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40169-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40169-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 13,528 vehicles covered during 7/1/2014 to 12/31/2014	**$6,764.00**
Auto Theft Authority Assessment for 11,749 vehicles covered during 1/1/2015 to 6/30/2015	**$5,874.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40193	XL INSURANCE COMPANY OF NEW YORK, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40193-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40193-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40258	AIG ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40258-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40266	ARCH MORTGAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,757.53
4/15/2015		$3,757.53
5/15/2015		$3,757.53
6/15/2015		$3,757.53
7/15/2015		$3,757.53
8/15/2015		$3,757.53
	TOTAL INSTALLMENTS PAID IN 2015:	**$22,545.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40266-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40282	TRAVELERS COMMERCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-40282-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-40282-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40282-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40312	PIONEER SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40312-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40312-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40371	COLUMBIA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40371-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40371-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40398	ASHMERE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-40398-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-40398-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40398-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40436	STRATFORD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40436-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40436-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40444	OLD REPUBLIC SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,367.05
4/15/2015		$2,367.05
5/15/2015		$2,367.05
6/15/2015		$2,367.05
7/15/2015		$2,367.05
8/15/2015		$2,367.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,202.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40444-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40460	SAGAMORE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-40460-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-40460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2015 to 6/30/2015		**$3.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40479	REPUBLIC-VANGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40517	ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40517-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40517-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40525	UNITED GUARANTY CREDIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40525-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	40649	ECONOMY PREMIER ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,205.00
4/15/2015		$3,205.00
5/15/2015		$3,205.00
6/15/2015		$3,205.00
7/15/2015		$3,205.00
8/15/2015		$3,205.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,230.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40649-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40649-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 171 vehicles covered during 7/1/2014 to 12/31/2014	**$85.50**
Auto Theft Authority Assessment for 139 vehicles covered during 1/1/2015 to 6/30/2015	**$69.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	40703	UNITRIN SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-40703-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-40703-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40789	AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40789-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40789-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40827	VIRGINIA SURETY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,561.53
4/15/2015		$4,561.53
5/15/2015		$4,561.53
6/15/2015		$4,561.53
7/15/2015		$4,561.53
8/15/2015		$4,561.53
	TOTAL INSTALLMENTS PAID IN 2015:	**$27,369.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40827-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-40827-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-40827-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40843	UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,618.39
4/15/2015		$5,618.39
5/15/2015		$5,618.39
6/15/2015		$5,618.39
7/15/2015		$5,618.39
8/15/2015		$5,618.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$33,710.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40843-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40843-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 148 vehicles covered during 7/1/2014 to 12/31/2014	**$74.00**
Auto Theft Authority Assessment for 150 vehicles covered during 1/1/2015 to 6/30/2015	**$75.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40940	WESTERN PACIFIC MUTUAL INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2015		$361.93	
4/15/2015		$361.93	
5/15/2015		$361.93	
6/15/2015		$361.93	
7/15/2015		$361.93	
8/15/2015		$361.93	
		TOTAL INSTALLMENTS PAID IN 2015:	**$2,171.58**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40975	DENTISTS INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$995.08
4/15/2015		$995.08
5/15/2015		$995.08
6/15/2015		$995.08
7/15/2015		$995.08
8/15/2015		$995.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,970.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-40975-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-40975-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41050	UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41050-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41106	TRIUMPHE CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$536.84
4/15/2015		$536.84
5/15/2015		$536.84
6/15/2015		$536.84
7/15/2015		$536.84
8/15/2015		$536.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,221.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41106-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41106-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 193 vehicles covered during 7/1/2014 to 12/31/2014	**$96.50**
Auto Theft Authority Assessment for 170 vehicles covered during 1/1/2015 to 6/30/2015	**$85.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41181	UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$38,476.32
4/15/2015		$38,476.32
5/15/2015		$38,476.32
6/15/2015		$38,476.32
7/15/2015		$38,476.32
8/15/2015		$38,476.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$230,857.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-41181-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-41181-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41181-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 323 vehicles covered during 7/1/2014 to 12/31/2014	**$161.50**
Auto Theft Authority Assessment for 332 vehicles covered during 1/1/2015 to 6/30/2015	**$166.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41211	TRITON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,091.97
4/15/2015		$1,091.97
5/15/2015		$1,091.97
6/15/2015		$1,091.97
7/15/2015		$1,091.97
8/15/2015		$1,091.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,551.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-41211-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-41211-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-41211-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 64 vehicles covered during 7/1/2014 to 12/31/2014	**$32.00**
Auto Theft Authority Assessment for 44 vehicles covered during 1/1/2015 to 6/30/2015	**$22.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41238	TRANS PACIFIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$635.76
4/15/2015		$635.76
5/15/2015		$635.77
6/15/2015		$635.77
7/15/2015		$635.76
8/15/2015		$635.76
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,814.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-41238-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-41238-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 13 vehicles covered during 7/1/2014 to 12/31/2014	**$6.50**
Auto Theft Authority Assessment for 13 vehicles covered during 1/1/2015 to 6/30/2015	**$6.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41297	SCOTTSDALE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$38,796.30
4/15/2015		$38,796.30
5/15/2015		$38,796.30
6/15/2015		$38,796.30
7/15/2015		$38,796.30
8/15/2015		$38,796.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$232,777.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-41297-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-41297-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 1,629 vehicles covered during 7/1/2014 to 12/31/2014	**$814.50**
Auto Theft Authority Assessment for 827 vehicles covered during 1/1/2015 to 6/30/2015	**$413.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41335	UNITED NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-41335-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-41335-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41343	HDI-GERLING AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,164.99
4/15/2015		$8,174.99
5/15/2015		$8,164.99
6/15/2015		$8,164.99
7/15/2015		$8,164.99
8/15/2015		$8,164.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$48,999.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-41343-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-41343-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-41343-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41394	BENCHMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$620.64
4/15/2015		$620.64
5/15/2015		$620.64
6/15/2015		$620.64
7/15/2015		$620.64
8/15/2015		$620.64
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,723.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41394-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41394-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-41394-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41424	PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41424-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-41424-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-41424-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41459	ARMED FORCES INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,770.63
4/15/2015		$4,770.63
5/15/2015		$4,770.63
6/15/2015		$4,770.63
7/15/2015		$4,770.63
8/15/2015		$4,770.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,623.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41459-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41459-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41483	FARMINGTON CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41483-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-41483-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-41483-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41491	GEICO CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$421,916.31
4/15/2015		$421,916.31
5/15/2015		$421,916.31
6/15/2015		$421,916.31
7/15/2015		$421,916.31
8/15/2015		$421,916.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,531,497.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41491-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41491-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 362,792 vehicles covered during 7/1/2014 to 12/31/2014	**$181,396.00**
Auto Theft Authority Assessment for 388,450 vehicles covered during 1/1/2015 to 6/30/2015	**$194,225.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41513	FOREMOST SIGNATURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,228.29
4/15/2015		$6,228.29
5/15/2015		$6,228.29
6/15/2015		$6,228.29
7/15/2015		$6,228.29
8/15/2015		$6,228.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$37,369.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-41513-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-41513-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-41513-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 108 vehicles covered during 7/1/2014 to 12/31/2014	**$54.00**
Auto Theft Authority Assessment for 97 vehicles covered during 1/1/2015 to 6/30/2015	**$48.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41580	RED SHIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-41580-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-41580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41629	NEW ENGLAND REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41629-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41629-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41653	MILBANK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$60,041.11
4/15/2015		$60,041.11
5/15/2015		$60,041.11
6/15/2015		$60,041.11
7/15/2015		$60,041.11
8/15/2015		$60,041.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$360,246.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-41653-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-41653-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-41653-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 13,109 vehicles covered during 7/1/2014 to 12/31/2014	**$6,554.50**
Auto Theft Authority Assessment for 12,482 vehicles covered during 1/1/2015 to 6/30/2015	**$6,241.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41750	TRAVELERS CONSTITUTION STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41750-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41750-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41769	TRAVELERS CASUALTY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41769-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41769-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41785	COLORADO CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,117.98
4/15/2015		$10,117.98
5/15/2015		$10,117.98
6/15/2015		$10,117.98
7/15/2015		$10,117.98
8/15/2015		$10,117.98
	TOTAL INSTALLMENTS PAID IN 2015:	**$60,707.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41785-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41785-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 546 vehicles covered during 7/1/2014 to 12/31/2014	**$273.00**
Auto Theft Authority Assessment for 489 vehicles covered during 1/1/2015 to 6/30/2015	**$244.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41840	ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,696.31
4/15/2015		$6,696.31
5/15/2015		$6,696.31
6/15/2015		$6,696.31
7/15/2015		$6,696.31
8/15/2015		$6,696.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$40,177.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41840-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-41840-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-41840-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 2,763 vehicles covered during 7/1/2014 to 12/31/2014	**$1,381.50**
Auto Theft Authority Assessment for 2,615 vehicles covered during 1/1/2015 to 6/30/2015	**$1,307.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41998	AMERICAN SOUTHERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,352.39
4/15/2015		$1,352.39
5/15/2015		$1,352.39
6/15/2015		$1,352.39
7/15/2015		$1,352.39
8/15/2015		$1,352.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,114.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-41998-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-41998-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 100 vehicles covered during 7/1/2014 to 12/31/2014	**$50.00**
Auto Theft Authority Assessment for 57 vehicles covered during 1/1/2015 to 6/30/2015	**$28.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42048	DIAMOND STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,676.37
4/15/2015		$2,676.37
5/15/2015		$2,676.37
6/15/2015		$2,676.37
7/15/2015		$2,676.37
8/15/2015		$2,676.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,058.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42048-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-42048-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-42048-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 41 vehicles covered during 7/1/2014 to 12/31/2014	**$20.50**
Auto Theft Authority Assessment for 37 vehicles covered during 1/1/2015 to 6/30/2015	**$18.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42129	UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42129-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-42129-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42226	PRINCETON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42226-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42226-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-42226-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42234	MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42234-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42234-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42242	MOUNTAINPOINT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42307	NAVIGATORS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$29,505.27
4/15/2015		$29,505.27
5/15/2015		$29,505.27
6/15/2015		$29,505.27
7/15/2015		$29,505.27
8/15/2015		$29,505.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$177,031.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42307-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42307-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-42307-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2014 to 12/31/2014	**$1.00**
Auto Theft Authority Assessment for 60 vehicles covered during 1/1/2015 to 6/30/2015	**$30.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42331	GUIDEONE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$380.05
4/15/2015		$380.05
5/15/2015		$380.05
6/15/2015		$380.05
7/15/2015		$380.05
8/15/2015		$380.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,280.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42331-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42374	HOUSTON CASUALTY COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42376	TECHNOLOGY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,007.67
4/15/2015		$4,007.67
5/15/2015		$4,007.67
6/15/2015		$4,007.67
7/15/2015		$4,007.67
8/15/2015		$4,007.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,046.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42376-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42376-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 345 vehicles covered during 7/1/2014 to 12/31/2014	**$172.50**
Auto Theft Authority Assessment for 421 vehicles covered during 1/1/2015 to 6/30/2015	**$210.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42390	AMGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42390-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42390-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-42390-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42404	LIBERTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$136,722.57
4/15/2015		$136,722.57
5/15/2015		$136,722.57
6/15/2015		$136,722.57
7/15/2015		$136,722.57
8/15/2015		$136,722.57
	TOTAL INSTALLMENTS PAID IN 2015:	**$820,335.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42404-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42404-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 1,088 vehicles covered during 7/1/2014 to 12/31/2014	**$544.00**
Auto Theft Authority Assessment for 1,129 vehicles covered during 1/1/2015 to 6/30/2015	**$564.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42439	TOA REINSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42439-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42439-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42447	NATIONAL GENERAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$18,805.49
4/15/2015		$18,805.49
5/15/2015		$18,805.49
6/15/2015		$18,805.49
7/15/2015		$18,805.49
8/15/2015		$18,805.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$112,832.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42447-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42447-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 48,770 vehicles covered during 7/1/2014 to 12/31/2014	**$24,385.00**
Auto Theft Authority Assessment for 53,111 vehicles covered during 1/1/2015 to 6/30/2015	**$26,555.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42552	NOVA CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,469.43
4/15/2015		$3,469.43
5/15/2015		$3,469.43
6/15/2015		$3,469.43
7/15/2015		$3,469.43
8/15/2015		$3,469.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$20,816.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42552-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42552-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-42552-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

Auto Theft Authority Assessment for 341 vehicles covered during 7/1/2014 to 12/31/2014	**$170.50**
Auto Theft Authority Assessment for 482 vehicles covered during 1/1/2015 to 6/30/2015	**$241.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42579	ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$13,498.88
4/15/2015		$13,498.88
5/15/2015		$13,498.88
6/15/2015		$13,498.88
7/15/2015		$13,498.88
8/15/2015		$13,498.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$80,993.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42579-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42579-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 3,204 vehicles covered during 7/1/2014 to 12/31/2014	**$1,602.00**
Auto Theft Authority Assessment for 4,669 vehicles covered during 1/1/2015 to 6/30/2015	**$2,334.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42587	DEPOSITORS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$78,123.45
4/15/2015		$78,123.45
5/15/2015		$78,123.45
6/15/2015		$78,123.45
7/15/2015		$78,123.45
8/15/2015		$78,123.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$468,740.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42587-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42587-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 13,245 vehicles covered during 7/1/2014 to 12/31/2014	**$6,622.50**
Auto Theft Authority Assessment for 12,240 vehicles covered during 1/1/2015 to 6/30/2015	**$6,120.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42609	AFFIRMATIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42609-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42609-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2014 to 12/31/2014	**$23.50**
Auto Theft Authority Assessment for 44 vehicles covered during 1/1/2015 to 6/30/2015	**$22.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42617	MAG MUTUAL INSURANCE COMPANY

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee		$0.00
Annual Statement Filing Fee	Code 28:	$300.00
	TOTAL:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42706	ROCHE SURETY AND CASUALTY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$791.49
4/15/2015		$791.47
5/15/2015		$791.47
6/15/2015		$791.47
7/15/2015		$791.47
8/15/2015		$791.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,748.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42706-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42722	AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-42722-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-42722-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42722-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42749	TRADERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42749-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42749-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42757	AGRI GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$665.97
4/15/2015		$665.97
5/15/2015		$665.97
6/15/2015		$665.97
7/15/2015		$665.97
8/15/2015		$665.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,995.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42757-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42757-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42765	CENTURION CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42765-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-42765-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-42765-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42803	GUIDEONE ELITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,255.89
4/15/2015		$1,255.89
5/15/2015		$1,255.89
6/15/2015		$1,255.89
7/15/2015		$1,255.89
8/15/2015		$1,255.89
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,535.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42803-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42803-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42862	MENDAKOTA CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42862-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-42862-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-42862-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42870	HEARTLAND INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42889	VICTORIA FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42889-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42889-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 33 vehicles covered during 7/1/2014 to 12/31/2014	**$16.50**
Auto Theft Authority Assessment for 32 vehicles covered during 1/1/2015 to 6/30/2015	**$16.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42897	AMERICAN SERVICE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,370.67
4/15/2015		$7,370.67
5/15/2015		$7,370.67
6/15/2015		$7,370.67
7/15/2015		$7,370.67
8/15/2015		$7,370.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$44,224.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42897-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42897-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 644 vehicles covered during 7/1/2014 to 12/31/2014	**$322.00**
Auto Theft Authority Assessment for 783 vehicles covered during 1/1/2015 to 6/30/2015	**$391.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42919	PROGRESSIVE NORTHWESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,253.08
4/15/2015		$7,253.08
5/15/2015		$7,253.08
6/15/2015		$7,253.08
7/15/2015		$7,253.08
8/15/2015		$7,253.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$43,518.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42919-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42919-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 2,586 vehicles covered during 7/1/2014 to 12/31/2014	**$1,293.00**
Auto Theft Authority Assessment for 2,423 vehicles covered during 1/1/2015 to 6/30/2015	**$1,211.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42978	AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,016.11
4/15/2015		$11,016.11
5/15/2015		$11,016.11
6/15/2015		$11,016.11
7/15/2015		$11,016.11
8/15/2015		$11,016.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$66,096.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42978-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA16-42978-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-42978-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	42986	STANDARD GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$77,294.33
4/15/2015		$77,294.33
5/15/2015		$77,294.33
6/15/2015		$77,294.33
7/15/2015		$77,294.33
8/15/2015		$77,294.33
	TOTAL INSTALLMENTS PAID IN 2015:	**$463,765.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-42986-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-42986-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-42986-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42994	PROGRESSIVE CLASSIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-42994-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-42994-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 44 vehicles covered during 7/1/2014 to 12/31/2014	**$22.00**
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2015 to 6/30/2015	**$21.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43044	RESPONSE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$970.81
4/15/2015		$970.81
5/15/2015		$970.81
6/15/2015		$970.81
7/15/2015		$970.81
8/15/2015		$970.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,824.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-43044-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-43044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 158 vehicles covered during 7/1/2014 to 12/31/2014	**$79.00**
Auto Theft Authority Assessment for 117 vehicles covered during 1/1/2015 to 6/30/2015	**$58.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43117	AMERICAN EQUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43460	ASPEN AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,675.31
4/15/2015		$5,675.31
5/15/2015		$5,675.31
6/15/2015		$5,675.31
7/15/2015		$5,675.31
8/15/2015		$5,675.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$34,051.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-43460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-43460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43494	AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$975.21
4/15/2015		$975.21
5/15/2015		$975.21
6/15/2015		$975.21
7/15/2015		$975.21
8/15/2015		$975.21
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,851.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-43494-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-43494-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
Auto Theft Authority Assessment for 188 vehicles covered during 1/1/2015 to 6/30/2015		**$94.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43575	INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,960.28
4/15/2015		$2,960.28
5/15/2015		$2,960.28
6/15/2015		$2,960.28
7/15/2015		$2,960.28
8/15/2015		$2,960.28
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,761.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-43575-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-43575-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-43575-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 94 vehicles covered during 7/1/2014 to 12/31/2014	**$47.00**
Auto Theft Authority Assessment for 160 vehicles covered during 1/1/2015 to 6/30/2015	**$80.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43699	FARMERS SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-43699-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-43699-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43702	TOWER NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-43702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-43702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43753	REPUBLIC INDEMNITY COMPANY OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-43753-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-43753-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43770	CLINIC MUTUAL INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43915	RAINIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43974	21ST CENTURY INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,450.14
4/15/2015		$1,450.14
5/15/2015		$1,450.14
6/15/2015		$1,450.14
7/15/2015		$1,450.14
8/15/2015		$1,450.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,700.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-43974-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-43974-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-43974-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 499 vehicles covered during 7/1/2014 to 12/31/2014	**$249.50**
Auto Theft Authority Assessment for 435 vehicles covered during 1/1/2015 to 6/30/2015	**$217.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44016	NATIONAL HOME INS. CO., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44075	STATES SELF-INSURERS RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44083	PREFERRED PHYSICIANS MEDICAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$20,722.44
4/15/2015		$20,722.44
5/15/2015		$20,722.44
6/15/2015		$20,722.44
7/15/2015		$20,722.44
8/15/2015		$20,722.44
	TOTAL INSTALLMENTS PAID IN 2015:	**$124,334.64**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44105	OPHTHALMIC MUTUAL INS. CO., RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$4,896.83	
4/15/2015		$4,896.83	
5/15/2015		$4,896.83	
6/15/2015		$4,896.83	
7/15/2015		$4,896.83	
8/15/2015		$4,896.83	
		TOTAL INSTALLMENTS PAID IN 2015:	**$29,380.98**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44121	OMS NATIONAL INSURANCE COMPANY, RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$3,693.86	
4/15/2015		$3,693.86	
5/15/2015		$3,693.86	
6/15/2015		$3,693.86	
7/15/2015		$3,693.86	
8/15/2015		$3,693.86	
		TOTAL INSTALLMENTS PAID IN 2015:	**$22,163.16**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44130	PARATRANSIT INSURANCE COMPANY, A MUTUAL RISK RETENTION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44148	ARCHITECTS & ENGINEERS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44237	MENTAL HEALTH RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,123.94
4/15/2015		$1,123.94
5/15/2015		$1,123.94
6/15/2015		$1,123.94
7/15/2015		$1,123.94
8/15/2015		$1,123.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,743.64**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44300	TOWER INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-44300-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-44300-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44318	ADMIRAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-44318-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-44318-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44369	IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-44369-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-44369-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 31 vehicles covered during 7/1/2014 to 12/31/2014	**$15.50**
Auto Theft Authority Assessment for 24 vehicles covered during 1/1/2015 to 6/30/2015	**$12.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44393	WEST AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,142.83
4/15/2015		$3,142.83
5/15/2015		$3,142.83
6/15/2015		$3,142.83
7/15/2015		$3,142.83
8/15/2015		$3,142.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$18,856.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-44393-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-44393-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

Auto Theft Authority Assessment for 248 vehicles covered during 7/1/2014 to 12/31/2014	**$124.00**
Auto Theft Authority Assessment for 316 vehicles covered during 1/1/2015 to 6/30/2015	**$158.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44695	PROGRESSIVE PALOVERDE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,719.84
4/15/2015		$2,719.84
5/15/2015		$2,719.84
6/15/2015		$2,719.84
7/15/2015		$2,719.84
8/15/2015		$2,719.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,319.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-44695-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
MAP16-44695-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

Auto Theft Authority Assessment for 963 vehicles covered during 7/1/2014 to 12/31/2014	**$481.50**
Auto Theft Authority Assessment for 881 vehicles covered during 1/1/2015 to 6/30/2015	**$440.50**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44768	VANTAPRO SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-44768-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-44768-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
MAP16-44768-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	45934	AMERICAN COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP16-45934-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA16-45934-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	47012	SIGHTCARE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2010

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
3/15/2015		$3,577.13
4/15/2015		$3,577.13
5/15/2015		$3,577.13
6/15/2015		$3,577.13
7/15/2015		$3,577.13
8/15/2015		$3,577.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$21,462.78**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	47013	CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$43,285.22
4/15/2015		$43,285.22
5/15/2015		$43,285.22
6/15/2015		$43,285.22
7/15/2015		$43,285.22
8/15/2015		$43,285.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$259,711.32**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	47708	UNITED DENTAL CARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$15,888.71
4/15/2015		$15,888.71
5/15/2015		$15,888.71
6/15/2015		$15,888.71
7/15/2015		$15,888.71
8/15/2015		$15,888.71
	TOTAL INSTALLMENTS PAID IN 2015:	**$95,332.26**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50016	TITLE RESOURCES GUARANTY COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50016-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50020	DAKOTA HOMESTEAD TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50020-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50026	PREMIER LAND TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50026-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50050	WESTCOR LAND TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50083	COMMONWEALTH LAND TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50083-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50121	STEWART TITLE GUARANTY COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50121-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50130	NORTH AMERICAN TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50229	CHICAGO TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50229-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50369	INVESTORS TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50369-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50440	REAL ADVANTAGE TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50440-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50520	OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50520-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50814	FIRST AMERICAN TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-50814-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51020	NATIONAL TITLE INSURANCE OF NEW YORK INC.

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-51020-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51152	WFG NATIONAL TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-51152-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51411	AMERICAN GUARANTY TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-51411-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51586	FIDELITY NATIONAL TITLE INSURANCE COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-51586-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51624	FIRST AMERICAN TITLE GUARANTY COMPANY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-51624-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51632	ENTITLE INSURANCE COMPANY

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: 3/1/2016

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.**

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-51632-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	52120	TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$23,416.14
4/15/2015		$23,416.14
5/15/2015		$23,416.14
6/15/2015		$23,416.14
7/15/2015		$23,416.14
8/15/2015		$23,416.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$140,496.84**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	53090	EMPLOYERS DENTAL SERVICES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$30,519.87
4/15/2015		$30,519.87
5/15/2015		$30,519.87
6/15/2015		$30,519.87
7/15/2015		$30,519.87
8/15/2015		$30,519.87
	TOTAL INSTALLMENTS PAID IN 2015:	**$183,119.22**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	53589	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2010

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
3/15/2015		$2,342,708.94
4/15/2015		$2,342,708.94
5/15/2015		$2,342,708.94
6/15/2015		$2,342,708.94
7/15/2015		$2,342,708.94
8/15/2015		$2,342,708.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,056,253.64**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	53597	ARIZONA DENTAL INSURANCE SERVICE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2010

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
3/15/2015		$108,386.36
4/15/2015		$108,386.36
5/15/2015		$108,386.36
6/15/2015		$108,386.36
7/15/2015		$108,386.36
8/15/2015		$108,386.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$650,318.16**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56006	TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56006-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56014	THRIVENT FINANCIAL FOR LUTHERANS

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56030	CATHOLIC FINANCIAL LIFE

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56030-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56073	NATIONAL MUTUAL BENEFIT

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56073-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56154	GLEANER LIFE INSURANCE SOCIETY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56154-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56170	WOMAN'S LIFE INSURANCE SOCIETY

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56170-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56227	KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION

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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56227-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56332	FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE

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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56332-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56340	FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,THE

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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56340-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	56383	ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, THE

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56383-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	56499	ASSURED LIFE ASSOCIATION

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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	56634	CROATIAN FRATERNAL UNION OF AMERICA

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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56634-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	56693	GREEK CATHOLIC UNION OF THE U.S.A

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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56693-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	$30.00
Annual Statement Filing Fee	Code 28:	$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56758-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	$1,050.00

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	$30.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	$30.00
Annual Statement Filing Fee	Code 28:	$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-56782-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	$1,050.00

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	$30.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57088	DEGREE OF HONOR PROTECTIVE ASSOCIATION

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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57088-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57142-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57223-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57320-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

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.

Certificate of Authority Renewal Fee	Code 54:	$30.00
Annual Statement Filing Fee	Code 28:	$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57347-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	$1,050.00

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	$30.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57487-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57541-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57622-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57657-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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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.

Certificate of Authority Renewal Fee	Code 54:	$30.00
Annual Statement Filing Fee	Code 28:	$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57673-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	$1,050.00

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	$30.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
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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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-57991-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	58033	KNIGHTS OF COLUMBUS

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-58033-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	58068	INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-58068-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	58181	SUPREME COUNCIL OF THE ROYAL ARCANUM

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: 3/1/2016

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.

Certificate of Authority Renewal Fee	Code 54:	$30.00
Annual Statement Filing Fee	Code 28:	$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-58181-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	$1,050.00

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	$30.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60003	PARK AVENUE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60003-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60003-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60008	ROCKFORD LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60025	EXPRESS SCRIPTS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60052	HUMANA BENEFIT PLAN OF ILLINOIS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60052-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60054	AETNA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,003,155.27
4/15/2015		$1,003,155.27
5/15/2015		$1,003,155.27
6/15/2015		$1,003,155.27
7/15/2015		$1,003,155.27
8/15/2015		$1,003,155.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,018,931.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60054-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60078	HALLMARK LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60117	TUFTS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60117-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60117-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60118	NORTH AMERICAN NATIONAL RE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60142	TIAA-CREF LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,732.28
4/15/2015		$19,732.28
5/15/2015		$19,732.28
6/15/2015		$19,732.28
7/15/2015		$19,732.28
8/15/2015		$19,732.28
	TOTAL INSTALLMENTS PAID IN 2015:	**$118,393.68**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60183	S.USA LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60186	ALLSTATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$26,874.60
4/15/2015		$26,874.60
5/15/2015		$26,874.60
6/15/2015		$26,874.60
7/15/2015		$26,874.60
8/15/2015		$26,874.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$161,247.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60186-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60186-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60188	SUPERIOR VISION INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60216	AMALGAMATED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,076.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,076.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60216-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60216-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	60232	LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60232-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60237	PREMIER ACCESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,683.00
4/15/2015		$5,683.00
5/15/2015		$5,683.00
6/15/2015		$5,683.00
7/15/2015		$5,683.00
8/15/2015		$5,683.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$34,098.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60237-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60237-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60250	AMFIRST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60250-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60275	AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,499.70
4/15/2015		$4,499.70
5/15/2015		$4,499.70
6/15/2015		$4,499.70
7/15/2015		$4,499.70
8/15/2015		$4,499.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,998.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60275-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60275-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60348	ACE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60348-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60380	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$198,212.35
4/15/2015		$198,212.35
5/15/2015		$198,212.35
6/15/2015		$198,212.35
7/15/2015		$198,212.35
8/15/2015		$198,212.35
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,189,274.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60380-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60399	AMERICAN FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$63,606.62
4/15/2015		$63,606.62
5/15/2015		$63,606.62
6/15/2015		$63,606.62
7/15/2015		$63,606.62
8/15/2015		$63,606.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$381,639.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60399-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60399-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60410	AMERICAN FIDELITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,885.13
4/15/2015		$19,885.13
5/15/2015		$19,885.13
6/15/2015		$19,885.13
7/15/2015		$19,885.13
8/15/2015		$19,885.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$119,310.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60410-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60410-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60429	AMERICAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$575.17
4/15/2015		$575.17
5/15/2015		$575.17
6/15/2015		$575.17
7/15/2015		$575.17
8/15/2015		$575.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,451.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60429-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60429-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60445	SAGICOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,036.32
4/15/2015		$9,036.32
5/15/2015		$9,036.32
6/15/2015		$9,036.32
7/15/2015		$9,036.32
8/15/2015		$9,036.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$54,217.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60445-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60488	AMERICAN GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$115,005.83
4/15/2015		$115,005.83
5/15/2015		$115,005.83
6/15/2015		$115,005.83
7/15/2015		$115,005.83
8/15/2015		$115,005.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$690,034.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60488-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60488-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60518	AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,529.36
4/15/2015		$6,529.36
5/15/2015		$6,529.36
6/15/2015		$6,529.36
7/15/2015		$6,529.36
8/15/2015		$6,529.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$39,176.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60518-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60518-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60534	AMERICAN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,294.82
4/15/2015		$31,294.82
5/15/2015		$31,294.82
6/15/2015		$31,294.82
7/15/2015		$31,294.82
8/15/2015		$31,294.82
	TOTAL INSTALLMENTS PAID IN 2015:	**$187,768.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60534-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60534-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60542	AMERICAN HOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,445.09
4/15/2015		$1,445.09
5/15/2015		$1,445.09
6/15/2015		$1,445.09
7/15/2015		$1,445.09
8/15/2015		$1,445.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,670.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60542-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60542-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60577	AMERICAN INCOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$32,027.51
4/15/2015		$32,027.27
5/15/2015		$32,027.51
6/15/2015		$32,027.51
7/15/2015		$32,027.51
8/15/2015		$32,027.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$192,164.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60577-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60577-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60704	WILTON REASSURANCE LIFE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$846.81
4/15/2015		$846.81
5/15/2015		$846.81
6/15/2015		$846.81
7/15/2015		$846.81
8/15/2015		$846.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,080.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60704-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60704-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60739	AMERICAN NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,417.41
4/15/2015		$31,417.41
5/15/2015		$31,417.41
6/15/2015		$31,417.41
7/15/2015		$31,417.41
8/15/2015		$31,417.41
	TOTAL INSTALLMENTS PAID IN 2015:	**$188,504.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60739-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60739-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60801	AMERICAN PUBLIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,245.68
4/15/2015		$4,245.68
5/15/2015		$4,245.68
6/15/2015		$4,245.68
7/15/2015		$4,245.68
8/15/2015		$4,245.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$25,474.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-60801-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-60801-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60836	AMERICAN REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$26,991.27
4/15/2015		$26,991.27
5/15/2015		$26,991.27
6/15/2015		$26,991.27
7/15/2015		$26,991.27
8/15/2015		$26,991.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$161,947.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60836-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60836-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60895	AMERICAN UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$29,889.32
4/15/2015		$29,889.32
5/15/2015		$29,889.32
6/15/2015		$29,889.32
7/15/2015		$29,889.32
8/15/2015		$29,889.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$179,335.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60895-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60984	COMPBENEFITS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-60984-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-60984-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61069	ANTHEM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,145.83
4/15/2015		$1,145.83
5/15/2015		$1,145.83
6/15/2015		$1,145.83
7/15/2015		$1,145.83
8/15/2015		$1,145.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,874.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61069-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61069-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61182	AURORA NATIONAL LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,386.63
4/15/2015		$1,386.63
5/15/2015		$1,386.63
6/15/2015		$1,386.63
7/15/2015		$1,386.63
8/15/2015		$1,383.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,316.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61182-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61182-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	61190	AUTO-OWNERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,753.29
4/15/2015		$4,753.29
5/15/2015		$4,753.29
6/15/2015		$4,753.29
7/15/2015		$4,753.29
8/15/2015		$4,753.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,519.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61190-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61212	BALTIMORE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,367.40
4/15/2015		$1,367.40
5/15/2015		$1,367.40
6/15/2015		$1,367.40
7/15/2015		$1,367.40
8/15/2015		$1,367.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,204.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61212-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61212-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61239	BANKERS FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$889.24
4/15/2015		$889.24
5/15/2015		$889.24
6/15/2015		$889.24
7/15/2015		$889.24
8/15/2015		$889.24
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,335.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61239-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61239-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	61263	BANKERS LIFE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,504.39
4/15/2015		$5,504.39
5/15/2015		$5,504.39
6/15/2015		$5,504.39
7/15/2015		$5,504.39
8/15/2015		$5,504.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$33,026.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61263-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61263-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61271	PRINCIPAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$145,763.40
4/15/2015		$145,763.40
5/15/2015		$145,763.40
6/15/2015		$145,763.40
7/15/2015		$145,763.40
8/15/2015		$145,763.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$874,580.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61271-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61271-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61301	AMERITAS LIFE INSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$69,865.91
4/15/2015		$69,865.91
5/15/2015		$69,865.91
6/15/2015		$69,865.91
7/15/2015		$69,865.91
8/15/2015		$69,865.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$419,195.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61301-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61301-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61360	RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,934.69
4/15/2015		$2,934.69
5/15/2015		$2,934.69
6/15/2015		$2,934.69
7/15/2015		$2,934.69
8/15/2015		$2,934.69
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,608.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61360-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61360-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61395	BENEFICIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,487.56
4/15/2015		$11,487.56
5/15/2015		$11,487.56
6/15/2015		$11,487.56
7/15/2015		$11,487.56
8/15/2015		$11,487.56
	TOTAL INSTALLMENTS PAID IN 2015:	**$68,925.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61395-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61395-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61409	NATIONAL BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,104.33
4/15/2015		$1,104.33
5/15/2015		$1,104.33
6/15/2015		$1,104.33
7/15/2015		$1,104.33
8/15/2015		$1,104.33
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,625.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61409-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61409-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61425	TRUSTMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$18,210.55
4/15/2015		$18,210.55
5/15/2015		$18,210.55
6/15/2015		$18,210.55
7/15/2015		$18,210.55
8/15/2015		$18,210.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$109,263.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61425-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61425-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61476	BOSTON MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,223.51
4/15/2015		$1,223.51
5/15/2015		$1,223.51
6/15/2015		$1,223.51
7/15/2015		$1,223.51
8/15/2015		$1,223.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,341.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61476-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61476-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61492	ATHENE ANNUITY & LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,354.77
4/15/2015		$6,341.42
5/15/2015		$6,341.42
6/15/2015		$6,341.42
7/15/2015		$6,341.42
8/15/2015		$6,341.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$38,061.87**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61492-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61492-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61506	RESOURCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61506-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61506-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61581	CAPITOL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61581-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61581-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61689	ATHENE ANNUITY AND LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$54,111.48
4/15/2015		$54,111.48
5/15/2015		$54,111.48
6/15/2015		$54,111.48
7/15/2015		$54,111.48
8/15/2015		$54,111.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$324,668.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61689-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61689-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61700	RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$24,681.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,681.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61727	CENTRAL RESERVE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61727-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61727-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61735	CENTRAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61735-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61735-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61751	CENTRAL STATES HEALTH & LIFE CO. OF OMAHA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$712.74
4/15/2015		$712.74
5/15/2015		$712.74
6/15/2015		$712.74
7/15/2015		$712.74
8/15/2015		$712.74
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,276.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61751-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61751-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61808	CHARTER NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61808-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61808-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61832	CHESAPEAKE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$13,472.71
4/15/2015		$13,472.71
5/15/2015		$13,472.71
6/15/2015		$13,472.71
7/15/2015		$13,472.71
8/15/2015		$13,472.71
	TOTAL INSTALLMENTS PAID IN 2015:	**$80,836.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61832-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61832-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61859	CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61859-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61859-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61875	CHURCH LIFE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$759.38
4/15/2015		$759.38
5/15/2015		$759.38
6/15/2015		$1,518.76
7/15/2015		$759.38
8/15/2015		$759.38
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,315.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61875-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61875-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	61883	CENTRAL UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,378.78
4/15/2015		$1,378.78
5/15/2015		$1,378.78
6/15/2015		$1,378.78
7/15/2015		$1,378.78
8/15/2015		$1,378.78
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,272.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-61883-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-61883-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	61921	CITIZENS SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	61999	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,419.68
4/15/2015		$8,419.68
5/15/2015		$8,419.68
6/15/2015		$8,419.68
7/15/2015		$8,419.68
8/15/2015		$8,419.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$50,518.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-61999-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-61999-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62049	COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$61,873.17
4/15/2015		$61,873.17
5/15/2015		$61,873.17
6/15/2015		$61,873.17
7/15/2015		$61,873.17
8/15/2015		$61,873.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$371,239.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62049-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-62049-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62057	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$431.03
4/15/2015		$431.03
5/15/2015		$431.03
6/15/2015		$431.03
7/15/2015		$431.03
8/15/2015		$431.03
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,586.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62057-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-62057-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62065	COLONIAL PENN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$20,435.22
4/15/2015		$20,435.22
5/15/2015		$20,435.22
6/15/2015		$20,435.22
7/15/2015		$20,435.22
8/15/2015		$20,435.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$122,611.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62065-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62065-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62103	COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,401.22
4/15/2015		$5,401.22
5/15/2015		$5,401.22
6/15/2015		$5,401.22
7/15/2015		$5,401.22
8/15/2015		$5,401.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$32,407.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62103-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62103-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62146	COMBINED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,830.81
4/15/2015		$10,830.81
5/15/2015		$10,830.81
6/15/2015		$10,830.81
7/15/2015		$10,830.81
8/15/2015		$10,830.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$64,984.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62146-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-62146-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62154	FREMONT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62200	ACCORDIA LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,219.59
4/15/2015		$5,219.59
5/15/2015		$5,219.59
6/15/2015		$5,219.59
7/15/2015		$5,219.59
8/15/2015		$5,219.59
	TOTAL INSTALLMENTS PAID IN 2015:	**$31,317.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62200-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62235	UNUM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$152,933.96
4/15/2015		$152,933.96
5/15/2015		$152,933.96
6/15/2015		$152,933.96
7/15/2015		$152,933.96
8/15/2015		$152,933.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$917,603.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62235-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62235-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62286	GOLDEN RULE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$397,699.55
4/15/2015		$397,699.55
5/15/2015		$397,699.55
6/15/2015		$397,699.55
7/15/2015		$397,699.55
8/15/2015		$397,699.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,386,197.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62286-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62286-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62294	UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62308	CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$42,544.14
4/15/2015		$42,544.14
5/15/2015		$42,544.14
6/15/2015		$42,544.14
7/15/2015		$42,544.14
8/15/2015		$42,544.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$255,264.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62308	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA16-62308-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
HCA15-62308	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62308-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62324	FREEDOM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,204.22
4/15/2015		$15,204.22
5/15/2015		$15,204.22
6/15/2015		$15,204.22
7/15/2015		$15,204.22
8/15/2015		$15,204.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$91,225.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62324-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62324-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62332	WESTPORT LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62345	BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62345-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62359	CONSTITUTION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$765.59
4/15/2015		$765.59
5/15/2015		$765.59
6/15/2015		$765.59
7/15/2015		$765.59
8/15/2015		$765.59
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,593.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62359-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62359-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62375	CONSUMERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62375-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62375-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62383	CENTURION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62383-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62383-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62413	WILCAC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$983.78
4/15/2015		$973.78
5/15/2015		$973.78
6/15/2015		$973.78
7/15/2015		$973.78
8/15/2015		$973.78
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,852.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62413-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-62413-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62421	HERITAGE UNION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62421-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62421-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62510	EQUITRUST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$43,788.65
4/15/2015		$43,788.65
5/15/2015		$43,788.65
6/15/2015		$43,788.65
7/15/2015		$43,788.65
8/15/2015		$43,788.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$262,731.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62510-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62553	COUNTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$35,902.04
4/15/2015		$35,902.04
5/15/2015		$35,902.04
6/15/2015		$35,902.04
7/15/2015		$35,902.04
8/15/2015		$35,902.04
	TOTAL INSTALLMENTS PAID IN 2015:	**$215,412.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62553-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62553-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62596	UNION FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,753.92
4/15/2015		$2,753.92
5/15/2015		$2,753.92
6/15/2015		$2,753.92
7/15/2015		$2,753.92
8/15/2015		$2,753.92
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,523.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62596-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62596-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62626	CMFG LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$36,642.32
4/15/2015		$36,642.32
5/15/2015		$36,642.32
6/15/2015		$36,642.32
7/15/2015		$36,642.32
8/15/2015		$36,642.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$219,853.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62626-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62626-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62634	DELAWARE AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62634-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62634-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62790	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62790-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62790-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62863	TRUSTMARK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,876.65
4/15/2015		$19,876.65
5/15/2015		$19,876.65
6/15/2015		$19,876.65
7/15/2015		$19,876.65
8/15/2015		$19,876.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$119,259.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62863-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62863-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62880	AXA EQUITABLE LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$384.21
4/15/2015		$384.21
5/15/2015		$384.21
6/15/2015		$384.21
7/15/2015		$384.21
8/15/2015		$384.21
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,305.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62880-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62928	EMC NATIONAL LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,843.60
4/15/2015		$1,843.60
5/15/2015		$1,843.60
6/15/2015		$1,843.60
7/15/2015		$1,843.60
8/15/2015		$1,843.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,061.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62928-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62928-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62944	AXA EQUITABLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$69,267.95
4/15/2015		$69,267.95
5/15/2015		$69,267.95
6/15/2015		$69,267.95
7/15/2015		$69,267.95
8/15/2015		$69,267.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$415,607.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-62944-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-62944-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	62952	EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$21,682.00
4/15/2015		$21,682.00
5/15/2015		$21,682.00
6/15/2015		$21,682.00
7/15/2015		$43,364.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$130,092.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-62952-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-62952-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63053	FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,238.43
4/15/2015		$3,238.43
5/15/2015		$3,238.43
6/15/2015		$3,238.43
7/15/2015		$3,238.43
8/15/2015		$3,238.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,430.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63053-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63053-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63088	FARM BUREAU LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$34,857.77
4/15/2015		$34,857.77
5/15/2015		$34,857.77
6/15/2015		$34,857.77
7/15/2015		$34,857.77
8/15/2015		$34,857.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$209,146.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63088-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63088-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63169	SOMERSET LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63177	FARMERS NEW WORLD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$111,477.46
4/15/2015		$111,477.46
5/15/2015		$111,477.46
6/15/2015		$111,477.46
7/15/2015		$111,477.46
8/15/2015		$111,477.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$668,864.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63177-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63223	FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$925.60
4/15/2015		$925.60
5/15/2015		$925.60
6/15/2015		$925.60
7/15/2015		$925.60
8/15/2015		$925.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,553.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63223-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63223-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63258	FEDERATED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,763.38
4/15/2015		$4,763.38
5/15/2015		$4,763.38
6/15/2015		$4,763.38
7/15/2015		$4,763.38
8/15/2015		$4,763.38
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,580.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63258-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63274	FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$30,957.95
4/15/2015		$30,957.95
5/15/2015		$30,957.95
6/15/2015		$30,957.95
7/15/2015		$30,957.95
8/15/2015		$30,957.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$185,747.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-63274-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-63274-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63282	PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,011.22
4/15/2015		$19,011.22
5/15/2015		$19,011.22
6/15/2015		$19,011.22
7/15/2015		$19,011.22
8/15/2015		$19,011.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$114,067.32**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63290	FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,734.63
4/15/2015		$8,734.63
5/15/2015		$8,734.63
6/15/2015		$8,734.63
7/15/2015		$8,734.63
8/15/2015		$8,734.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$52,407.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-63290-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-63290-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63312	GREAT AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,871.43
4/15/2015		$2,871.43
5/15/2015		$2,871.43
6/15/2015		$2,871.43
7/15/2015		$2,871.43
8/15/2015		$2,871.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,228.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63312-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63312-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63347	NATIONAL PROTECTIVE LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63444	ACCENDO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-63444-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-63444-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63479	UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,288.66
4/15/2015		$5,288.66
5/15/2015		$5,288.66
6/15/2015		$5,288.66
7/15/2015		$5,288.66
8/15/2015		$5,288.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$31,731.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63479-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63479-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63487	INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$611.96
4/15/2015		$611.96
5/15/2015		$611.96
6/15/2015		$611.96
7/15/2015		$611.96
8/15/2015		$611.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,671.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-63487-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-63487-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63495	FORESTERS LIFE INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2015	$19,849.89
6/15/2015	$6,616.63
7/15/2015	$6,616.63
8/15/2015	$6,616.63
TOTAL INSTALLMENTS PAID IN 2015:	**$39,699.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63495-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63495-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63657	GARDEN STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,091.39
4/15/2015		$1,091.39
5/15/2015		$1,091.39
6/15/2015		$1,091.39
7/15/2015		$1,091.39
8/15/2015		$1,091.39
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,548.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63657-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63657-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	63665	GENERAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$20,614.46
4/15/2015		$20,614.46
5/15/2015		$20,614.46
6/15/2015		$20,614.46
7/15/2015		$20,614.46
8/15/2015		$20,614.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$123,686.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63665-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63665-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63762	MEDCO CONTAINMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-63762-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-63762-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63819	UNITY FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$375.02
4/15/2015		$375.02
5/15/2015		$375.02
6/15/2015		$375.02
7/15/2015		$375.02
8/15/2015		$375.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,250.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63819-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63967	GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,909.48
4/15/2015		$8,928.20
5/15/2015		$8,928.20
6/15/2015		$8,928.20
7/15/2015		$8,928.20
8/15/2015		$8,928.20
	TOTAL INSTALLMENTS PAID IN 2015:	**$53,550.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63967-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63967-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63983	UNITED HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,965.65
4/15/2015		$2,965.65
5/15/2015		$2,965.65
6/15/2015		$2,965.65
7/15/2015		$2,965.65
8/15/2015		$2,965.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,793.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-63983-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-63983-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64017	JEFFERSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2015	$1,902.84
6/15/2015	$634.28
7/15/2015	$634.28
8/15/2015	$634.28
TOTAL INSTALLMENTS PAID IN 2015:	**$3,805.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64017-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64017-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64076	GREAT FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64076-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64076-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64149	EPIC LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64149-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64149-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64211	GUARANTEE TRUST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,380.55
4/15/2015		$4,380.55
5/15/2015		$4,380.55
6/15/2015		$4,380.55
7/15/2015		$4,380.55
8/15/2015		$4,380.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,283.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64211-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64211-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64238	GUARANTY INCOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64238-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64238-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64246	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,943.00
4/15/2015		$31,943.00
5/15/2015		$31,943.00
6/15/2015		$31,943.00
7/15/2015		$31,943.00
8/15/2015		$31,943.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$191,658.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64246-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64246-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64327	HARLEYSVILLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64327-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64327-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	64343	PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$403.25
4/15/2015		$403.25
5/15/2015		$403.25
6/15/2015		$403.25
7/15/2015		$403.25
8/15/2015		$403.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,419.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64343-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64343-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64394	HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64467	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64467-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64467-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64505	HOMESTEADERS LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,884.63
4/15/2015		$4,884.63
5/15/2015		$4,884.63
6/15/2015		$4,884.63
7/15/2015		$4,884.63
8/15/2015		$4,884.63
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,307.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64505-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64505-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64513	HORACE MANN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,367.66
4/15/2015		$4,367.66
5/15/2015		$4,367.66
6/15/2015		$4,367.66
7/15/2015		$4,367.66
8/15/2015		$4,367.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$26,205.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64513-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64513-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64580	ILLINOIS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,024.83
4/15/2015		$4,024.83
5/15/2015		$4,024.83
6/15/2015		$4,024.83
7/15/2015		$4,024.83
8/15/2015		$4,024.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,148.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64580-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64602	INDEPENDENCE LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64602-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64602-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64688	SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64696	FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64696-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64696-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64831	INTRAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64831-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64831-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64866	PROGRAMMED LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64890	BERKLEY LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,404.30
4/15/2015		$7,404.00
5/15/2015		$7,404.30
6/15/2015		$7,404.30
7/15/2015		$7,404.00
8/15/2015		$7,404.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$44,425.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-64890-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-64890-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64904	INVESTORS HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$421.23
4/15/2015		$421.23
5/15/2015		$421.23
6/15/2015		$421.23
7/15/2015		$421.23
8/15/2015		$421.23
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,527.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-64904-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-64904-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65005	RIVERSOURCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$62,781.00
4/15/2015		$62,781.00
5/15/2015		$62,781.00
6/15/2015		$62,781.00
7/15/2015		$62,781.00
8/15/2015		$62,781.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$376,686.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65005-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65005-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65056	JACKSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$54,060.26
4/15/2015		$54,060.26
5/15/2015		$54,060.26
6/15/2015		$54,060.26
7/15/2015		$54,060.26
8/15/2015		$54,060.26
	TOTAL INSTALLMENTS PAID IN 2015:	**$324,361.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65056-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65056-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65080	JOHN ALDEN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,109.98
4/15/2015		$4,109.98
5/15/2015		$4,109.98
6/15/2015		$4,109.98
7/15/2015		$4,109.98
8/15/2015		$4,109.98
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,659.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65080-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65080-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65110	KANAWHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$12,192.55
4/15/2015		$12,192.55
5/15/2015		$12,192.55
6/15/2015		$12,192.55
7/15/2015		$12,192.55
8/15/2015		$12,192.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$73,155.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65110-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65110-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65129	KANSAS CITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,824.62
4/15/2015		$8,824.62
5/15/2015		$8,824.62
6/15/2015		$8,824.62
7/15/2015		$8,824.62
8/15/2015		$8,824.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$52,947.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65129-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65129-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65242	LAFAYETTE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$33,666.58
4/15/2015		$33,666.58
5/15/2015		$33,666.58
6/15/2015		$33,666.58
7/15/2015		$33,666.58
8/15/2015		$33,666.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$201,999.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65242-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65242-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65269	UNITED BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65269-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65269-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65315	LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$70,829.27
4/15/2015		$70,829.27
5/15/2015		$70,829.27
6/15/2015		$70,829.27
7/15/2015		$70,829.27
8/15/2015		$70,829.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$424,975.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65315-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65315-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65331	LIBERTY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,871.28
4/15/2015		$9,871.28
5/15/2015		$9,871.28
6/15/2015		$9,871.28
7/15/2015		$9,871.28
8/15/2015		$9,871.28
	TOTAL INSTALLMENTS PAID IN 2015:	**$59,227.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65331-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65498	LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$270,657.88
4/15/2015		$270,657.88
5/15/2015		$270,657.88
6/15/2015		$270,657.88
7/15/2015		$270,657.88
8/15/2015		$270,657.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,623,947.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65498-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65498-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65528	LIFE INSURANCE COMPANY OF THE SOUTHWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$36,105.00
4/15/2015		$36,105.00
5/15/2015		$36,105.00
6/15/2015		$36,105.00
7/15/2015		$36,105.00
8/15/2015		$36,105.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$216,630.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65528-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65528-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	65536	GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$62,940.34
4/15/2015		$62,940.34
5/15/2015		$62,940.34
6/15/2015		$62,940.34
7/15/2015		$62,940.34
8/15/2015		$62,940.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$377,642.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65536-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65536-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65595	LINCOLN BENEFIT LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$88,566.14
4/15/2015		$88,566.14
5/15/2015		$88,566.14
6/15/2015		$88,566.14
7/15/2015		$88,566.14
8/15/2015		$88,566.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$531,396.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65595-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65641	MEDICO LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65641-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65641-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65676	LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$318,888.43
4/15/2015		$318,888.43
5/15/2015		$318,888.43
6/15/2015		$318,888.43
7/15/2015		$318,888.43
8/15/2015		$318,888.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,913,330.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65676-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65676-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65722	LOYAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,607.00
4/15/2015		$1,607.00
5/15/2015		$1,607.00
6/15/2015		$1,607.00
7/15/2015		$1,607.00
8/15/2015		$1,607.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,642.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65722-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65722-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65781	MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,950.93
4/15/2015		$9,950.93
5/15/2015		$9,950.93
6/15/2015		$9,950.93
7/15/2015		$9,950.93
8/15/2015		$9,950.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$59,705.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65781-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65781-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65811	AMERICAN MODERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65811-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65811-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65838	JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$268,442.85
4/15/2015		$268,442.85
5/15/2015		$268,442.85
6/15/2015		$268,442.85
7/15/2015		$268,442.85
8/15/2015		$268,442.85
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,610,657.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65838-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65838-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65870	MANHATTAN LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,668.06
4/15/2015		$3,668.06
5/15/2015		$3,668.06
6/15/2015		$3,668.06
7/15/2015		$3,668.06
8/15/2015		$3,665.06
	TOTAL INSTALLMENTS PAID IN 2015:	**$22,005.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65870-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65870-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65900	WILCO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,032.19
4/15/2015		$9,032.19
5/15/2015		$9,032.19
6/15/2015		$9,032.19
7/15/2015		$9,032.19
8/15/2015		$9,032.19
	TOTAL INSTALLMENTS PAID IN 2015:	**$54,193.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65900-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65900-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65919	PRIMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$106,233.05
4/15/2015		$106,233.05
5/15/2015		$106,233.05
6/15/2015		$106,233.05
7/15/2015		$106,233.05
8/15/2015		$106,233.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$637,398.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65919-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65919-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65927	LINCOLN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$830.10
4/15/2015		$830.10
5/15/2015		$830.10
6/15/2015		$830.10
7/15/2015		$830.10
8/15/2015		$830.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,980.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65927-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65927-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	65935	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$104,670.86
4/15/2015		$104,670.86
5/15/2015		$104,670.86
6/15/2015		$104,670.86
7/15/2015		$104,670.86
8/15/2015		$104,670.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$628,025.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65935-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65935-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65951	MERIT LIFE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,532.57
4/15/2015		$3,532.57
5/15/2015		$3,532.57
6/15/2015		$3,532.57
7/15/2015		$3,532.57
8/15/2015		$3,532.57
	TOTAL INSTALLMENTS PAID IN 2015:	**$21,195.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65951-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65951-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65960	WINDSOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-65960-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-65960-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65978	METROPOLITAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$714,515.51
4/15/2015		$714,515.51
5/15/2015		$714,515.51
6/15/2015		$714,515.51
7/15/2015		$714,515.51
8/15/2015		$714,515.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,287,093.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-65978-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-65978-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66001	AMERICAN BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66001-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66001-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66044	MIDLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$41,761.52
4/15/2015		$41,761.52
5/15/2015		$41,761.52
6/15/2015		$41,761.52
7/15/2015		$41,761.52
8/15/2015		$41,761.52
	TOTAL INSTALLMENTS PAID IN 2015:	**$250,569.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66044-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66087	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$12,243.33
4/15/2015		$12,243.33
5/15/2015		$12,243.33
6/15/2015		$12,243.33
7/15/2015		$12,243.33
8/15/2015		$12,243.33
	TOTAL INSTALLMENTS PAID IN 2015:	**$73,459.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66087-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66087-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66109	MIDWESTERN UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66109-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66133	WILTON REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66133-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66133-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66141	HEALTH NET LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$732,827.34
4/15/2015		$732,827.34
5/15/2015		$732,827.34
6/15/2015		$732,827.34
7/15/2015		$732,827.34
8/15/2015		$732,827.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,396,964.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66141-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66141-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66168	MINNESOTA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$202,132.37
4/15/2015		$202,132.37
5/15/2015		$202,132.37
6/15/2015		$202,132.37
7/15/2015		$202,132.37
8/15/2015		$202,132.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,212,794.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66168-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66168-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	66214	HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$661.00
4/15/2015		$661.00
5/15/2015		$661.00
6/15/2015		$661.00
7/15/2015		$661.00
8/15/2015		$661.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,966.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66214-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66214-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	66230	WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,235.27
4/15/2015		$1,235.27
5/15/2015		$1,235.27
6/15/2015		$1,235.27
7/15/2015		$1,235.27
8/15/2015		$1,235.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,411.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66230-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	66265	MONARCH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$561.22
4/15/2015		$561.22
5/15/2015		$561.22
6/15/2015		$561.22
7/15/2015		$561.22
8/15/2015		$561.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,367.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66265-RH	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66265-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66281	TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$84,626.46
4/15/2015		$84,626.46
5/15/2015		$84,626.46
6/15/2015		$84,626.46
7/15/2015		$84,626.46
8/15/2015		$84,626.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$507,758.76**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66281-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66281-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66346	MUNICH AMERICAN REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66346-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66346-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66370	MONY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,257.68
4/15/2015		$7,257.68
5/15/2015		$7,257.68
6/15/2015		$7,257.68
7/15/2015		$7,257.68
8/15/2015		$7,257.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$43,546.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66370-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66370-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66427	MTL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,535.97
4/15/2015		$10,535.97
5/15/2015		$10,535.97
6/15/2015		$10,535.97
7/15/2015		$10,535.97
8/15/2015		$10,535.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$63,215.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66427-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66427-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66540	NATIONAL FARMERS UNION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66540-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66540-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66583	NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$25,776.92
4/15/2015		$25,776.92
5/15/2015		$25,776.92
6/15/2015		$25,776.92
7/15/2015		$25,776.92
8/15/2015		$25,776.92
	TOTAL INSTALLMENTS PAID IN 2015:	**$154,661.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66583-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66583-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66680	NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,398.00
4/15/2015		$9,398.00
5/15/2015		$9,398.00
6/15/2015		$9,398.00
7/15/2015		$9,398.00
8/15/2015		$9,398.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$56,388.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66680-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66680-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66850	NATIONAL WESTERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$16,533.30
4/15/2015		$16,533.30
5/15/2015		$16,533.30
6/15/2015		$16,533.30
7/15/2015		$16,533.30
8/15/2015		$16,533.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$99,199.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-66850-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-66850-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66869	NATIONWIDE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$86,578.73
4/15/2015		$86,578.73
5/15/2015		$86,578.73
6/15/2015		$86,578.73
7/15/2015		$86,578.73
8/15/2015		$86,578.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$519,472.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66869-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66869-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	66915	NEW YORK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$202,292.86
4/15/2015		$202,292.86
5/15/2015		$202,292.86
6/15/2015		$202,292.86
7/15/2015		$202,292.86
8/15/2015		$202,292.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,213,757.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66915-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66915-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	66974	NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$57,380.59
4/15/2015		$57,380.59
5/15/2015		$57,380.59
6/15/2015		$57,380.59
7/15/2015		$57,380.59
8/15/2015		$57,380.59
	TOTAL INSTALLMENTS PAID IN 2015:	**$344,283.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-66974-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-66974-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67032	NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67032-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67032-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67059	NORTH COAST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,030.36
4/15/2015		$1,030.36
5/15/2015		$1,030.36
6/15/2015		$1,030.36
7/15/2015		$1,030.36
8/15/2015		$1,030.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,182.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67059-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67059-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67083	MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$805.28
4/15/2015		$805.28
5/15/2015		$805.28
6/15/2015		$805.28
7/15/2015		$805.28
8/15/2015		$805.28
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,831.68**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67083-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67083-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67091	NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$276,951.77
4/15/2015		$276,951.77
5/15/2015		$276,951.77
6/15/2015		$276,951.77
7/15/2015		$276,951.77
8/15/2015		$276,951.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,661,710.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67091-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67091-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67105	RELIASTAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$134,925.15
4/15/2015		$134,925.15
5/15/2015		$134,925.15
6/15/2015		$134,925.15
7/15/2015		$134,925.15
8/15/2015		$134,925.15
	TOTAL INSTALLMENTS PAID IN 2015:	**$809,550.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67105-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67148	OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,422.36
5/15/2015		$1,211.18
6/15/2015		$1,211.18
7/15/2015		$1,211.18
8/15/2015		$1,211.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,267.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67148-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67148-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67172	OHIO NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,186.05
4/15/2015		$19,186.05
5/15/2015		$19,186.05
6/15/2015		$19,186.05
7/15/2015		$19,186.05
8/15/2015		$19,186.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$115,116.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67172-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67172-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67180	OHIO STATE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,294.44
4/15/2015		$1,294.44
5/15/2015		$1,294.44
6/15/2015		$1,294.44
7/15/2015		$1,294.44
8/15/2015		$1,294.44
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,766.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67180-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67199	OLD AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,860.97
4/15/2015		$6,860.97
5/15/2015		$6,860.97
6/15/2015		$6,860.97
7/15/2015		$6,860.97
8/15/2015		$6,860.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,165.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67199-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67199-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67253	AMERICAN LIFE & SECURITY CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,722.27
4/15/2015		$1,722.27
5/15/2015		$1,722.27
6/15/2015		$1,722.27
7/15/2015		$1,722.27
8/15/2015		$1,722.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,333.62**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67261	OLD REPUBLIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,091.08
4/15/2015		$1,091.08
5/15/2015		$1,091.08
6/15/2015		$1,091.08
7/15/2015		$1,091.08
8/15/2015		$1,091.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,546.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67261-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67261-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$432,941.11
4/15/2015		$432,941.11
5/15/2015		$432,941.11
6/15/2015		$432,941.11
7/15/2015		$432,941.11
8/15/2015		$432,941.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,597,646.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67369-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67369-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67393	OZARK NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,136.83
4/15/2015		$1,136.83
5/15/2015		$1,136.83
6/15/2015		$1,136.83
7/15/2015		$1,136.83
8/15/2015		$1,136.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,820.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67393-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67393-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67423	UBS LIFE INSURANCE COMPANY USA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67423-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67423-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67466	PACIFIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$154,482.22
4/15/2015		$154,482.22
5/15/2015		$154,569.04
6/15/2015		$154,511.16
7/15/2015		$154,511.16
8/15/2015		$154,511.16
	TOTAL INSTALLMENTS PAID IN 2015:	**$927,066.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67466-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67466-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67539	PAN-AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,562.42
5/15/2015		$4,281.21
6/15/2015		$4,281.21
7/15/2015		$4,281.21
8/15/2015		$4,281.21
	TOTAL INSTALLMENTS PAID IN 2015:	**$25,687.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67539-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67539-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67598	PAUL REVERE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,998.65
4/15/2015		$10,998.65
5/15/2015		$10,998.85
6/15/2015		$10,998.65
7/15/2015		$10,998.65
8/15/2015		$10,998.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$65,992.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67598-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67598-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67601	UNUM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67601-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67601-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67628	PEKIN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,832.50
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,832.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67628-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67628-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67636	DSM USA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67636-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67636-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67644	PENN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$39,808.11
4/15/2015		$39,808.11
5/15/2015		$39,808.11
6/15/2015		$39,808.11
7/15/2015		$39,808.11
8/15/2015		$39,808.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$238,848.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67644-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67644-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67652	FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,081.43
4/15/2015		$8,081.43
5/15/2015		$8,081.43
6/15/2015		$8,081.43
7/15/2015		$8,081.43
8/15/2015		$8,081.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$48,488.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67652-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67652-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67660	PENNSYLVANIA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,038.42
4/15/2015		$2,038.42
5/15/2015		$2,038.42
6/15/2015		$2,038.42
7/15/2015		$2,038.42
8/15/2015		$2,038.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,230.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67660-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67660-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67679	AMERICAN REPUBLIC CORP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,887.44
4/15/2015		$4,887.44
5/15/2015		$4,887.44
6/15/2015		$4,887.44
7/15/2015		$4,887.44
8/15/2015		$4,887.44
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,324.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-67679-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-67679-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67784	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,336.40
3/15/2015		$0.00
4/15/2015		$1,336.40
5/15/2015		$1,336.40
6/15/2015		$1,336.40
7/15/2015		$1,336.40
8/15/2015		$1,336.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,018.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67784-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67784-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67814	PHOENIX LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,178.11
4/15/2015		$7,178.11
5/15/2015		$7,178.11
6/15/2015		$7,178.11
7/15/2015		$7,178.11
8/15/2015		$7,178.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$43,068.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67814-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67814-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67873	PIONEER AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67873-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67903	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67903-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67903-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67911	PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,938.58
4/15/2015		$1,938.58
5/15/2015		$1,938.58
6/15/2015		$1,938.58
7/15/2015		$1,938.58
8/15/2015		$1,938.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,631.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67911-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67911-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	67989	AMERICAN MEMORIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$30,756.03
4/15/2015		$30,756.03
5/15/2015		$30,756.03
6/15/2015		$30,756.03
7/15/2015		$30,756.03
8/15/2015		$30,756.03
	TOTAL INSTALLMENTS PAID IN 2015:	**$184,536.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-67989-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-67989-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68039	ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$765.02
4/15/2015		$765.02
5/15/2015		$765.02
6/15/2015		$765.02
7/15/2015		$765.02
8/15/2015		$1,530.04
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,355.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68039-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68039-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68047	PROFESSIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$900.32
4/15/2015		$900.32
5/15/2015		$900.32
6/15/2015		$900.32
7/15/2015		$900.32
8/15/2015		$900.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,401.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68047-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68047-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68136	PROTECTIVE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$88,226.32
4/15/2015		$88,226.32
5/15/2015		$88,226.32
6/15/2015		$88,226.32
7/15/2015		$88,226.32
8/15/2015		$88,226.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$529,357.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68136-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68136-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68179	PROVIDENT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68179-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68179-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68195	PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$55,964.38
4/15/2015		$55,964.38
5/15/2015		$55,964.38
6/15/2015		$55,964.38
7/15/2015		$55,964.38
8/15/2015		$55,964.38
	TOTAL INSTALLMENTS PAID IN 2015:	**$335,786.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68195-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68195-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68241	PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$241,726.61
4/15/2015		$241,726.61
5/15/2015		$241,726.61
6/15/2015		$241,726.61
7/15/2015		$241,726.61
8/15/2015		$241,726.61
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,450,359.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68241-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68241-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68276	EMPLOYERS REASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68276-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68276-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68284	PYRAMID LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$336.99
4/15/2015		$336.99
5/15/2015		$336.99
6/15/2015		$336.99
7/15/2015		$336.99
8/15/2015		$336.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,021.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68284-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68284-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68322	GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$56,097.02
4/15/2015		$56,097.02
5/15/2015		$56,097.02
6/15/2015		$56,097.02
7/15/2015		$56,097.02
8/15/2015		$56,097.02
	TOTAL INSTALLMENTS PAID IN 2015:	**$336,582.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68322-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68322-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68357	RELIABLE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68357-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68357-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68365	AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68365-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68381	RELIANCE STANDARD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$13,186.67
4/15/2015		$13,186.67
5/15/2015		$13,186.67
6/15/2015		$13,186.67
7/15/2015		$13,186.67
8/15/2015		$13,186.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$79,120.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68381-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68381-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68420	WMI MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,476.42
4/15/2015		$2,476.42
5/15/2015		$2,476.42
6/15/2015		$2,476.42
7/15/2015		$2,476.42
8/15/2015		$2,476.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,858.52**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68420-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68420-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68446	LONGEVITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68446-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68446-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68462	RESERVE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,890.83
4/15/2015		$8,890.83
5/15/2015		$8,890.83
6/15/2015		$8,890.83
7/15/2015		$8,890.83
8/15/2015		$8,890.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$53,344.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68462-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68462-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68500	CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,833.31
4/15/2015		$1,833.31
5/15/2015		$1,833.31
6/15/2015		$1,833.31
7/15/2015		$1,833.31
8/15/2015		$1,833.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,999.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68500-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68500-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68543	LIBERTY BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,067.24
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,067.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68543-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68543-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68594	AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,375.50
5/15/2015		$2,687.75
6/15/2015		$2,687.75
7/15/2015		$2,687.75
8/15/2015		$2,687.75
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,126.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68594-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68594-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68608	SYMETRA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$109,039.86
4/15/2015		$109,039.86
5/15/2015		$109,039.86
6/15/2015		$109,039.86
7/15/2015		$109,039.86
8/15/2015		$109,039.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$654,239.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68608-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68632	VANTIS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68632-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68632-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68675	SECURITY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,709.35
4/15/2015		$1,709.35
5/15/2015		$1,709.35
6/15/2015		$1,709.35
7/15/2015		$1,709.35
8/15/2015		$1,709.35
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,256.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68675-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68675-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68713	SECURITY LIFE OF DENVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$39,504.60
4/15/2015		$39,504.60
5/15/2015		$39,504.60
6/15/2015		$39,504.60
7/15/2015		$39,504.60
8/15/2015		$39,504.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$237,027.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68713-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68713-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68721	SECURITY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,928.34
4/15/2015		$1,928.34
5/15/2015		$1,928.34
6/15/2015		$1,928.34
7/15/2015		$1,928.34
8/15/2015		$1,928.34
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,570.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68721-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68721-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68723	NEW YORK LIFE AGENTS REINSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68772	SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,184.21
4/15/2015		$4,184.21
5/15/2015		$4,184.21
6/15/2015		$4,184.21
7/15/2015		$4,184.21
8/15/2015		$4,184.21
	TOTAL INSTALLMENTS PAID IN 2015:	**$25,105.26**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68772-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68772-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68802	SENTINEL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,969.67
4/15/2015		$4,969.67
5/15/2015		$5,025.00
6/15/2015		$5,025.00
7/15/2015		$5,025.00
8/15/2015		$5,025.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$30,039.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68802-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68802-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	68810	SENTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,417.81
4/15/2015		$2,417.81
5/15/2015		$2,417.81
6/15/2015		$2,417.81
7/15/2015		$2,417.81
8/15/2015		$2,417.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,506.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68810-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68810-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68845	SHENANDOAH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$598.67
4/15/2015		$598.67
5/15/2015		$598.67
6/15/2015		$598.67
7/15/2015		$598.67
8/15/2015		$598.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,592.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-68845-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-68845-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68985	STARMOUNT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$969.83
4/15/2015		$969.83
5/15/2015		$1,939.66
7/15/2015		$969.83
8/15/2015		$969.83
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,818.98**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-68985-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-68985-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69000	NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$93,768.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$93,768.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-69000-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-69000-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69019	STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$61,557.12
4/15/2015		$61,557.12
5/15/2015		$61,557.12
6/15/2015		$61,557.12
7/15/2015		$61,557.12
8/15/2015		$61,557.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$369,342.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69019-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69019-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69078	STANDARD SECURITY LIFE INSURANCE COMPANY OF NY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$30,158.90
4/15/2015		$30,158.90
5/15/2015		$30,158.90
6/15/2015		$30,158.90
7/15/2015		$30,158.90
8/15/2015		$30,158.90
	TOTAL INSTALLMENTS PAID IN 2015:	**$180,953.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69078-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69078-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69108	STATE FARM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$192,526.73
4/15/2015		$192,526.73
5/15/2015		$192,526.73
6/15/2015		$192,526.73
7/15/2015		$192,526.73
8/15/2015		$192,526.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,155,160.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69108-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69116	STATE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,208.91
4/15/2015		$15,208.91
5/15/2015		$15,208.91
6/15/2015		$15,208.91
7/15/2015		$15,208.91
8/15/2015		$15,208.91
	TOTAL INSTALLMENTS PAID IN 2015:	**$91,253.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-69116-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-69116-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69132	STATE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,125.36
4/15/2015		$1,125.36
5/15/2015		$1,125.36
6/15/2015		$1,125.36
7/15/2015		$1,125.36
8/15/2015		$1,125.36
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,752.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69132-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69132-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69140	FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69140-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69140-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69272	SUNSET LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$866.72
4/15/2015		$866.72
5/15/2015		$866.72
6/15/2015		$1,733.44
8/15/2015		$866.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,200.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69272-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69272-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69310	SURETY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,144.86
4/15/2015		$1,144.86
5/15/2015		$1,144.86
6/15/2015		$1,144.86
7/15/2015		$1,144.86
8/15/2015		$1,144.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,869.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69310-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69310-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69329	SURETY LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69329-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69329-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69337	AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69337-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69337-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69345	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,046.88
4/15/2015		$4,046.88
5/15/2015		$4,046.88
6/15/2015		$4,046.88
7/15/2015		$4,046.88
8/15/2015		$4,046.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,281.28**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69396	TEXAS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,809.59
4/15/2015		$4,809.59
5/15/2015		$4,809.59
6/15/2015		$4,809.59
7/15/2015		$4,809.59
8/15/2015		$4,809.59
	TOTAL INSTALLMENTS PAID IN 2015:	**$28,857.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69396-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69477	TIME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$125,071.51
4/15/2015		$125,071.51
5/15/2015		$125,071.51
6/15/2015		$125,071.51
7/15/2015		$125,071.51
8/15/2015		$125,071.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$750,429.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69477-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69477-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69485	SECURITY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,002.45
4/15/2015		$1,002.45
5/15/2015		$1,002.45
6/15/2015		$1,002.45
7/15/2015		$1,002.45
8/15/2015		$1,002.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,014.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69485-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69485-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69515	MEDAMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,234.27
4/15/2015		$4,234.27
5/15/2015		$4,234.27
6/15/2015		$4,234.27
7/15/2015		$4,234.27
8/15/2015		$4,234.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$25,405.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69515-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69515-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69566	TRANS WORLD ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$338.17
4/15/2015		$338.17
5/15/2015		$338.17
6/15/2015		$338.17
7/15/2015		$338.17
8/15/2015		$338.17
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,029.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-69566-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-69566-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69604	ALLIANZ LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69604-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69647	CATAMARAN INSURANCE OF OHIO, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69647-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69647-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69663	USAA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$95,879.65
4/15/2015		$95,879.65
5/15/2015		$95,879.65
6/15/2015		$95,879.65
7/15/2015		$95,879.65
8/15/2015		$95,879.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$575,277.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-69663-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-69663-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69698	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-69698-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-69698-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69744	UNION LABOR LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,416.47
4/15/2015		$2,416.47
5/15/2015		$2,416.47
6/15/2015		$2,416.47
7/15/2015		$2,416.47
8/15/2015		$2,416.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,498.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69744-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69744-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69868	UNITED OF OMAHA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$322,919.72
4/15/2015		$322,919.72
5/15/2015		$322,919.72
6/15/2015		$322,919.72
7/15/2015		$322,919.72
8/15/2015		$322,919.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,937,518.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69868-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69868-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69892	UNITED FARM FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,580.95
4/15/2015		$1,580.95
5/15/2015		$1,580.95
6/15/2015		$1,580.95
7/15/2015		$1,580.95
8/15/2015		$1,580.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,485.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69892-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69892-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69922	UNITED HOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$495.98
4/15/2015		$495.98
5/15/2015		$495.98
6/15/2015		$495.98
7/15/2015		$495.98
8/15/2015		$495.98
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,975.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69922-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69922-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69930	UNITED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69930-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69930-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	69973	UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$378.74
4/15/2015		$378.74
5/15/2015		$378.74
6/15/2015		$378.74
7/15/2015		$378.74
8/15/2015		$378.74
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,272.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-69973-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-69973-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70025	GENWORTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$158,141.03
4/15/2015		$158,141.03
5/15/2015		$158,141.03
6/15/2015		$158,141.03
7/15/2015		$158,141.03
8/15/2015		$158,141.03
	TOTAL INSTALLMENTS PAID IN 2015:	**$948,846.18**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70025-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70025-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70106	UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$12,292.51
4/15/2015		$12,292.51
5/15/2015		$12,292.51
6/15/2015		$12,292.51
7/15/2015		$12,292.51
8/15/2015		$12,292.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$73,755.06**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70122	UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70122-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70122-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70130	UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70173	UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$485.43
4/15/2015		$485.43
5/15/2015		$485.43
6/15/2015		$485.43
7/15/2015		$485.43
8/15/2015		$485.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,912.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70173-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70173-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70238	VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70238-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70319	WASHINGTON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,407.01
4/15/2015		$8,407.01
5/15/2015		$8,407.01
6/15/2015		$8,407.01
7/15/2015		$8,407.01
8/15/2015		$8,407.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$50,442.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-70319-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-70319-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70335	WEST COAST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$42,919.97
4/15/2015		$42,919.97
5/15/2015		$42,919.97
6/15/2015		$42,919.97
7/15/2015		$42,919.97
8/15/2015		$42,919.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$257,519.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70335-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70335-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70408	UNION SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$115,071.25
4/15/2015		$115,071.25
5/15/2015		$115,071.25
6/15/2015		$115,071.25
7/15/2015		$115,071.25
8/15/2015		$115,071.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$690,427.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70408-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70408-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70416	MML BAY STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,563.51
4/15/2015		$3,563.51
5/15/2015		$3,563.51
6/15/2015		$3,563.51
7/15/2015		$3,563.51
8/15/2015		$3,563.51
	TOTAL INSTALLMENTS PAID IN 2015:	**$21,381.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70416-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70416-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70435	SAVINGS BANK LIFE INSURANCE COMPANY OF MA., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LI	LIFE 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
3/15/2015		$6,548.67
4/15/2015		$6,548.67
5/15/2015		$6,548.67
6/15/2015		$6,548.67
7/15/2015		$6,548.67
8/15/2015		$6,548.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$39,292.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70435-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70483	WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,157.99
4/15/2015		$3,157.99
5/15/2015		$3,157.99
6/15/2015		$3,157.99
7/15/2015		$3,157.99
8/15/2015		$3,157.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$18,947.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-70483-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-70483-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70580	HUMANADENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$20,604.69
4/15/2015		$20,604.69
5/15/2015		$20,604.69
6/15/2015		$20,604.69
7/15/2015		$20,604.69
8/15/2015		$20,604.69
	TOTAL INSTALLMENTS PAID IN 2015:	**$123,628.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-70580-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-70580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70670	HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$14,967.50
4/15/2015		$14,967.50
5/15/2015		$14,967.50
6/15/2015		$14,967.50
7/15/2015		$14,967.50
8/15/2015		$14,967.50
	TOTAL INSTALLMENTS PAID IN 2015:	**$89,805.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-70670-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-70670-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70688	TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$904.31
4/15/2015		$904.31
5/15/2015		$904.31
6/15/2015		$904.31
7/15/2015		$904.31
8/15/2015		$904.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,425.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70742	FAMILY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70742-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70785	PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70785-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70785-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70815	HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$192,169.25
4/15/2015		$192,169.25
5/15/2015		$192,169.25
6/15/2015		$192,169.25
7/15/2015		$192,169.25
8/15/2015		$192,169.25
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,153,015.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70815-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-70815-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	70866	ALLSTATE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-70866-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70939	GERBER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$24,552.43
4/15/2015		$24,552.43
5/15/2015		$24,552.43
6/15/2015		$24,552.43
7/15/2015		$24,552.43
8/15/2015		$24,552.43
	TOTAL INSTALLMENTS PAID IN 2015:	**$147,314.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-70939-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-70939-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71013	BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71013-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71013-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71099	PARKER CENTENNIAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71099-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71099-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71129	DEARBORN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$12,240.65
4/15/2015		$12,240.65
5/15/2015		$12,240.65
6/15/2015		$12,240.65
7/15/2015		$12,240.65
8/15/2015		$12,240.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$73,443.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71129-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71129-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	71153	HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$78,672.20
4/15/2015		$78,672.20
5/15/2015		$78,672.20
6/15/2015		$78,672.20
7/15/2015		$78,672.20
8/15/2015		$78,672.20
	TOTAL INSTALLMENTS PAID IN 2015:	**$472,033.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71153-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71153-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71161	PRINCIPAL NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$20,440.40
4/15/2015		$20,440.40
5/15/2015		$20,440.40
6/15/2015		$20,440.40
7/15/2015		$20,440.40
8/15/2015		$20,440.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$122,642.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71161-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71161-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71323	ZALE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71331	CAREAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71331-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71390	PURITAN LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,435.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$10,435.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71390-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71390-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71404	CONTINENTAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,887.68
4/15/2015		$1,887.68
5/15/2015		$1,887.68
6/15/2015		$1,887.68
7/15/2015		$1,887.68
8/15/2015		$1,887.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,326.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-71404-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-71404-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71412	MUTUAL OF OMAHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$64,137.70
4/15/2015		$64,137.70
5/15/2015		$64,137.70
6/15/2015		$64,137.70
7/15/2015		$64,137.70
8/15/2015		$64,137.70
	TOTAL INSTALLMENTS PAID IN 2015:	**$384,826.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71412-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71412-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71420	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71420-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71420-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71439	ASSURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,433.40
4/15/2015		$9,433.40
5/15/2015		$9,433.40
6/15/2015		$9,433.40
7/15/2015		$9,433.40
8/15/2015		$9,433.40
	TOTAL INSTALLMENTS PAID IN 2015:	**$56,600.40**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71439-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71439-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71455	FINANCIAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71455-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71455-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71463	CICA LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71463-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71463-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71471	ABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,096.67
4/15/2015		$6,096.67
5/15/2015		$6,096.67
6/15/2015		$6,096.67
7/15/2015		$6,096.67
8/15/2015		$6,096.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$36,580.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71471-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71471-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71480	GREAT WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$22,670.12
4/15/2015		$22,670.12
5/15/2015		$22,670.12
6/15/2015		$22,670.12
7/15/2015		$22,670.12
8/15/2015		$22,670.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$136,020.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71480-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71595	LEWER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71595-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71714	BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$35,864.00
4/15/2015		$35,864.00
5/15/2015		$35,864.00
6/15/2015		$35,864.00
7/15/2015		$35,864.00
8/15/2015		$35,864.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$215,184.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71714-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71714-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71730	CONTINENTAL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,650.81
4/15/2015		$15,650.81
5/15/2015		$15,650.81
6/15/2015		$15,650.81
7/15/2015		$15,650.81
8/15/2015		$15,650.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$93,904.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71730-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71768	HM HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-71768-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-71768-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71773	AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$15,816.54
4/15/2015		$15,816.54
5/15/2015		$15,816.54
6/15/2015		$15,816.54
7/15/2015		$15,816.54
8/15/2015		$15,816.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$94,899.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71773-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71773-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71854	AAA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$23,415.95
4/15/2015		$23,415.95
5/15/2015		$23,415.95
6/15/2015		$23,415.95
7/15/2015		$23,415.95
8/15/2015		$23,415.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$140,495.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71854-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71854-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71870	FIDELITY SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$61,143.18
4/15/2015		$61,143.18
5/15/2015		$61,143.18
6/15/2015		$61,143.18
7/15/2015		$61,143.18
8/15/2015		$61,143.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$366,859.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71870-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71870-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71919	BANKERS FIDELITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-71919-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-71919-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72052	AETNA HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$738.23
4/15/2015		$738.23
5/15/2015		$738.23
6/15/2015		$738.23
7/15/2015		$738.23
8/15/2015		$738.23
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,429.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-72052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-72052-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72125	PHYSICIANS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,048.58
4/15/2015		$19,048.58
5/15/2015		$19,048.58
6/15/2015		$19,048.58
7/15/2015		$19,048.58
8/15/2015		$19,048.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$114,291.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-72125-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-72125-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72222	AMICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,465.22
4/15/2015		$2,465.22
5/15/2015		$2,465.22
6/15/2015		$2,465.22
7/15/2015		$2,465.22
8/15/2015		$2,465.22
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,791.32**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-72222-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72362	PEKIN FINANCIAL LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72850	UNITED WORLD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$17,929.29
4/15/2015		$17,929.29
5/15/2015		$17,929.29
6/15/2015		$17,929.29
7/15/2015		$17,929.29
8/15/2015		$17,929.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$107,575.74**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-72850-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-72850-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72958	CANYON STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	73288	HUMANA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$103,958.08
4/15/2015		$103,958.08
5/15/2015		$103,958.08
6/15/2015		$103,958.08
7/15/2015		$103,958.08
8/15/2015		$103,958.08
	TOTAL INSTALLMENTS PAID IN 2015:	**$623,748.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-73288-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-73288-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	73474	DENTEGRA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$18,471.75
4/15/2015		$18,471.75
5/15/2015		$18,471.75
6/15/2015		$18,471.75
7/15/2015		$18,471.75
8/15/2015		$18,471.75
	TOTAL INSTALLMENTS PAID IN 2015:	**$110,830.50**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-73474-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-73474-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	73504	GENERATION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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	
3/15/2015		$300.00	
4/15/2015		$300.00	
5/15/2015		$300.00	
6/15/2015		$300.00	
7/15/2015		$300.00	
8/15/2015		$300.00	
		TOTAL INSTALLMENTS PAID IN 2015:	**$1,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	74004	FAMILY SERVICE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-74004-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	74209	EVERENCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-74209-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-74209-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	74454	CONNECTICUT LIFE INSURANCE AND ANNUITY CORPORATION

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	74780	INTEGRITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-74780-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-74780-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	74900	AURIGEN REINSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-74900-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-74900-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	75396	MISSISSIPPI VALLEY COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	76007	OLD UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$1,868.79
4/15/2015		$1,868.79
5/15/2015		$1,868.79
6/15/2015		$1,868.79
7/15/2015		$1,868.79
8/15/2015		$1,868.79
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,212.74**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76023	COLUMBIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,137.19
4/15/2015		$4,137.19
5/15/2015		$4,137.19
6/15/2015		$4,137.19
7/15/2015		$4,137.19
8/15/2015		$4,137.19
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,823.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-76023-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-76023-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76112	OXFORD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$2,925.99
4/15/2015		$2,925.99
5/15/2015		$2,925.99
6/15/2015		$2,925.00
7/15/2015		$2,925.99
8/15/2015		$2,925.99
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,554.95**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	76236	CINCINNATI LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,682.37
4/15/2015		$6,682.37
5/15/2015		$6,682.37
6/15/2015		$6,682.37
7/15/2015		$6,682.37
8/15/2015		$6,682.37
	TOTAL INSTALLMENTS PAID IN 2015:	**$40,094.22**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-76236-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-76236-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	76325	SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,562.54
4/15/2015		$8,562.54
5/15/2015		$8,562.54
6/15/2015		$8,562.54
7/15/2015		$8,562.54
8/15/2015		$8,562.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$51,375.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-76325-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-76325-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76694	LONDON LIFE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-76694-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-76694-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	76759	SENIOR AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,156.06
4/15/2015		$1,156.06
5/15/2015		$1,156.06
6/15/2015		$1,156.06
7/15/2015		$1,156.06
8/15/2015		$1,156.06
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,936.36**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-76759-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-76759-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77119	SENTINEL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-77119-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-77119-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	77399	STERLING LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,070.47
4/15/2015		$4,070.47
5/15/2015		$4,070.47
6/15/2015		$4,070.47
7/15/2015		$4,070.47
8/15/2015		$4,070.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$24,422.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-77399-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-77399-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	77674	TOWN & COUNTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$380.12
4/15/2015		$380.12
5/15/2015		$380.12
6/15/2015		$380.12
7/15/2015		$380.12
8/15/2015		$380.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,280.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-77674-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-77674-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77690	TRANS-CITY LIFE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$6,886.10
4/15/2015		$6,886.10
5/15/2015		$6,886.10
6/15/2015		$6,886.10
7/15/2015		$6,886.10
8/15/2015		$6,886.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,316.60**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77720	LIFESECURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$871.45
4/15/2015		$871.45
5/15/2015		$871.45
6/15/2015		$871.45
7/15/2015		$871.45
8/15/2015		$871.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,228.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-77720-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-77720-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77828	COMPANION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$44,296.24
4/15/2015		$44,296.24
5/15/2015		$44,296.24
6/15/2015		$44,296.24
7/15/2015		$44,296.24
8/15/2015		$44,296.24
	TOTAL INSTALLMENTS PAID IN 2015:	**$265,777.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-77828-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-77828-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77879	5 STAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$10,035.41
4/15/2015		$10,035.41
5/15/2015		$10,035.41
6/15/2015		$10,035.41
7/15/2015		$10,035.41
8/15/2015		$10,035.41
	TOTAL INSTALLMENTS PAID IN 2015:	**$60,212.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-77879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-77879-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77968	FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$12,507.62
4/15/2015		$12,507.62
5/15/2015		$12,507.62
6/15/2015		$12,507.62
7/15/2015		$12,507.62
8/15/2015		$12,507.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$75,045.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-77968-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-77968-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78077	MONY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$26,213.01
4/15/2015		$26,213.01
5/15/2015		$26,213.01
6/15/2015		$26,213.01
7/15/2015		$26,213.01
8/15/2015		$26,213.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$157,278.06**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78093	FINANCIAL ASSURANCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-78093-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78301	CORVESTA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78549	FUTURAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78611	HCSC INSURANCE SERVICES COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-78611-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-78611-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78662	SENIOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$857.81
4/15/2015		$857.81
5/15/2015		$857.81
6/15/2015		$857.81
7/15/2015		$857.81
8/15/2015		$857.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,146.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-78662-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-78662-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78700	AETNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-78700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-78700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	78743	NEW ERA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-78743-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-78743-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	78778	GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,184.00
4/15/2015		$1,184.00
5/15/2015		$1,184.00
6/15/2015		$1,184.00
7/15/2015		$1,184.00
8/15/2015		$1,184.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,104.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-78778-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-78778-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79014	SAFEHEALTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-79014-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-79014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79022	TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,213.47
4/15/2015		$1,213.47
5/15/2015		$1,213.47
6/15/2015		$1,213.47
7/15/2015		$1,213.47
8/15/2015		$1,213.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,280.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-79022-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-79022-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79057	SOUTHLAND NATIONAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$578.32
4/15/2015		$578.32
5/15/2015		$578.32
6/15/2015		$578.32
7/15/2015		$578.32
8/15/2015		$578.32
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,469.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-79057-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-79057-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79065	DELAWARE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,461.47
4/15/2015		$1,461.47
5/15/2015		$1,461.47
6/15/2015		$1,461.47
7/15/2015		$1,461.47
8/15/2015		$1,461.47
	TOTAL INSTALLMENTS PAID IN 2015:	**$8,768.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-79065-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-79065-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79227	PRUCO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$99,407.60
4/15/2015		$99,407.60
5/15/2015		$99,407.60
6/15/2015		$99,407.60
7/15/2015		$99,407.60
8/15/2015		$99,407.60
	TOTAL INSTALLMENTS PAID IN 2015:	**$596,445.60**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79413	UNITEDHEALTHCARE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,604,436.09
4/15/2015		$1,604,436.09
5/15/2015		$1,604,436.09
6/15/2015		$1,604,436.09
7/15/2015		$1,604,436.09
8/15/2015		$1,604,436.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,626,616.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-79413-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-79413-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79782	ELECTRIC COOPERATIVE LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79987	MEDICO CORP LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$942.20
4/15/2015		$942.20
5/15/2015		$942.20
6/15/2015		$942.20
7/15/2015		$942.20
8/15/2015		$942.20
	TOTAL INSTALLMENTS PAID IN 2015:	**$5,653.20**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-79987-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-79987-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79995	JRD LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80020	MOUNTAIN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80020-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80020-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80055	SMART INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80314	UNICARE LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,627.93
4/15/2015		$1,627.93
5/15/2015		$1,627.93
6/15/2015		$1,627.93
7/15/2015		$1,627.93
8/15/2015		$1,627.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,767.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-80314-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-80314-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	80578	PHYSICIANS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$47,103.65
4/15/2015		$47,103.65
5/15/2015		$47,103.65
6/15/2015		$47,103.65
7/15/2015		$47,103.65
8/15/2015		$47,103.65
	TOTAL INSTALLMENTS PAID IN 2015:	**$282,621.90**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80578-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80578-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	80659	CANADA LIFE ASSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,155.80
4/15/2015		$2,155.80
5/15/2015		$2,155.80
6/15/2015		$2,155.80
7/15/2015		$2,155.80
8/15/2015		$2,155.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,934.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-80659-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-80659-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80705	GREAT-WEST LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,925.10
4/15/2015		$1,925.10
5/15/2015		$1,925.10
6/15/2015		$1,925.10
7/15/2015		$1,925.10
8/15/2015		$1,925.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,550.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80705-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80799	CELTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80799-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80799-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80802	SUN LIFE ASSURANCE COMPANY OF CANADA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$94,133.85
4/15/2015		$94,133.85
5/15/2015		$94,133.85
6/15/2015		$94,133.85
7/15/2015		$94,133.85
8/15/2015		$94,133.85
	TOTAL INSTALLMENTS PAID IN 2015:	**$564,803.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80802-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80802-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	80896	CENTRE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,557.55
4/15/2015		$2,557.55
5/15/2015		$2,557.55
6/15/2015		$2,557.55
7/15/2015		$2,557.55
8/15/2015		$2,557.55
	TOTAL INSTALLMENTS PAID IN 2015:	**$15,345.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80896-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80896-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	80926	SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,068.31
4/15/2015		$2,068.31
5/15/2015		$2,068.31
6/15/2015		$2,068.31
7/15/2015		$2,068.31
8/15/2015		$2,068.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$12,409.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-80926-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-80926-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80942	VOYA INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,031.74
4/15/2015		$1,031.74
5/15/2015		$1,031.74
6/15/2015		$1,031.74
7/15/2015		$1,031.74
8/15/2015		$1,031.74
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,190.44**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80942-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80942-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	80985	4 EVER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,376.46
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,376.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-80985-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-80985-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81043	BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-81043-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-81043-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81078	AMERICAN NETWORK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	81108	UNITED SECURITY HEALTH AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$662.19
4/15/2015		$662.19
5/15/2015		$662.19
6/15/2015		$662.19
7/15/2015		$662.19
8/15/2015		$662.19
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,973.14**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-81108-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-81108-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81132	LIFE OF AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-81132-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-81132-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81213	AMERICAN MATURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-81213-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-81213-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81264	NIPPON LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-81264-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-81264-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81353	NYLIFE INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$3,522.00
4/15/2015		$3,522.00
5/15/2015		$3,522.00
6/15/2015		$3,522.00
7/15/2015		$3,522.00
8/15/2015		$3,522.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$21,132.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81396	DELTA DENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-81396-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-81396-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81418	AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-81418-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-81418-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81426	COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	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**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-81426-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-81426-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81442	MONITOR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,301.68
4/15/2015		$1,301.68
5/15/2015		$1,301.68
6/15/2015		$1,301.68
7/15/2015		$1,301.68
8/15/2015		$1,301.68
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,810.08**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-81442-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-81442-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81604	TEB LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81779	INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-81779-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-81779-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81973	COVENTRY HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-81973-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-81973-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82082	CITIZENS NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-82082-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-82082-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82252	LANDMARK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-82252-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82368	HBI LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82406	ALL SAVERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,887.27
4/15/2015		$2,887.27
5/15/2015		$2,887.27
6/15/2015		$2,887.27
7/15/2015		$2,887.27
8/15/2015		$2,887.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,323.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-82406-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-82406-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	82538	NATIONAL HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$303.94
4/15/2015		$303.94
5/15/2015		$303.94
6/15/2015		$303.94
7/15/2015		$303.94
8/15/2015		$303.94
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,823.64**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-82538-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-82538-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82627	SWISS RE LIFE & HEALTH AMERICA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-82627-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-82627-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82880	CSI LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-82880-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-82880-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	83160	TEXAS SERVICE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	83232	EVERGREEN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-83232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	83445	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	83607	GUGGENHEIM LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-83607-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-83607-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	84174	ELCO MUTUAL LIFE AND ANNUITY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,372.72
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,372.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-84174-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-84174-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84506	PACIFICARE LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-84506-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-84506-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	84522	AUTO CLUB LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$301.52
4/15/2015		$301.52
5/15/2015		$301.52
6/15/2015		$301.52
7/15/2015		$301.52
8/15/2015		$301.52
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,809.12**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-84522-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-84522-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84530	U.S. FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$5,791.27
4/15/2015		$5,791.27
5/15/2015		$5,791.27
6/15/2015		$5,791.27
7/15/2015		$5,791.27
8/15/2015		$5,791.27
	TOTAL INSTALLMENTS PAID IN 2015:	**$34,747.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-84530-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84549	SYMPHONIX HEALTH INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-84549-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-84549-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84697	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-84697-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-84697-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84786	COLORADO BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,392.35
4/15/2015		$2,392.35
5/15/2015		$2,392.35
6/15/2015		$2,392.35
7/15/2015		$2,392.35
8/15/2015		$2,392.35
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,354.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-84786-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-84786-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84824	COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,371.80
4/15/2015		$2,371.80
5/15/2015		$2,371.80
6/15/2015		$2,371.80
7/15/2015		$2,371.80
8/15/2015		$2,371.80
	TOTAL INSTALLMENTS PAID IN 2015:	**$14,230.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-84824-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-84824-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85189	WESTERN UNITED LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-85189-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-85189-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85286	FRESENIUS HEALTH PLANS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-85286-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-85286-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85413	REGIONS LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85472	NATIONAL SECURITY LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-85472-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85502	TENNESSEE LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85537	WELLINGTON LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85561	MAPFRE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-85561-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-85561-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85766	UNITED CONCORDIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$26,795.77
4/15/2015		$26,795.77
5/15/2015		$26,795.77
6/15/2015		$26,795.77
7/15/2015		$26,795.77
8/15/2015		$26,795.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$160,774.62**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85944	INVESTORS GROWTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86126	MEMBERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-86126-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-86126-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86231	TRANSAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$208,290.10
4/15/2015		$208,290.10
5/15/2015		$208,290.10
6/15/2015		$208,290.10
7/15/2015		$208,290.10
8/15/2015		$208,290.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,249,740.60**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-86231-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-86231-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86240	CENSTAT LIFE ASSURANCE CO.

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86258	GENERAL RE LIFE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-86258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-86258-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86355	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,757.97
4/15/2015		$8,757.97
5/15/2015		$8,757.97
6/15/2015		$8,757.97
7/15/2015		$8,757.97
8/15/2015		$8,757.97
	TOTAL INSTALLMENTS PAID IN 2015:	**$52,547.82**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-86355-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-86355-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	86371	ULLICO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-86371-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-86371-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86509	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,056.09
4/15/2015		$3,056.09
5/15/2015		$3,056.09
6/15/2015		$3,056.09
7/15/2015		$3,056.09
8/15/2015		$3,056.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$18,336.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-86509-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-86509-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86630	PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87017	SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-87017-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-87017-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87220	AGENTS REINSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87289	GEORGIA PEOPLES LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87394	MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87572	SCOTTISH RE (U.S.), INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-87572-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-87572-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87645	UNITED FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$315.07
4/15/2015		$315.07
5/15/2015		$315.07
6/15/2015		$315.07
7/15/2015		$315.07
8/15/2015		$315.07
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,890.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-87645-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-87645-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87726	METLIFE INSURANCE COMPANY USA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$101,230.00
4/15/2015		$101,230.00
5/15/2015		$101,230.00
6/15/2015		$101,230.00
7/15/2015		$101,230.00
8/15/2015		$101,230.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$607,380.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-87726-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-87726-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87963	NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$737.54
4/15/2015		$737.54
5/15/2015		$737.54
6/15/2015		$737.54
7/15/2015		$737.54
8/15/2015		$737.54
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,425.24**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-87963-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-87963-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88072	HARTFORD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$6,914.95
4/15/2015		$6,914.95
5/15/2015		$6,914.95
6/15/2015		$6,914.95
7/15/2015		$6,914.95
8/15/2015		$6,914.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$41,489.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-88072-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-88072-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88080	XL LIFE INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-88080-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-88080-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88099	OPTIMUM RE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-88099-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-88099-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88153	COLONIAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-88153-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-88153-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	88340	HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88366	AMERICAN RETIREMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,147.05
4/15/2015		$3,147.05
5/15/2015		$3,147.05
6/15/2015		$3,147.05
7/15/2015		$3,147.05
8/15/2015		$3,147.05
	TOTAL INSTALLMENTS PAID IN 2015:	**$18,882.30**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-88366-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-88366-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88536	PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-88536-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-88536-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88595	EMPHESYS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-88595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-88595-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88668	MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-88668-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-88668-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89087	ENTERPRISE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,065.41
4/15/2015		$1,065.41
5/15/2015		$1,065.41
6/15/2015		$1,065.41
7/15/2015		$1,065.41
8/15/2015		$1,065.41
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,392.46**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-89087-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-89087-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89184	STERLING INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$558.64
4/15/2015		$558.64
5/15/2015		$558.64
6/15/2015		$558.64
7/15/2015		$558.64
8/15/2015		$558.64
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,351.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-89184-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-89184-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89206	OHIO NATIONAL LIFE ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$27,712.67
4/15/2015		$27,712.67
5/15/2015		$27,712.67
6/15/2015		$27,712.67
7/15/2015		$27,712.67
8/15/2015		$27,712.67
	TOTAL INSTALLMENTS PAID IN 2015:	**$166,276.02**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-89206-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-89206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89427	AMERICAN LABOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89518	VALUE HEALTH REINSURANCE, INC.

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89958	SHELTERPOINT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-89958-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-89958-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90212	GREAT SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,974.13
4/15/2015		$1,974.13
5/15/2015		$1,974.13
6/15/2015		$1,974.13
7/15/2015		$1,974.13
8/15/2015		$1,974.13
	TOTAL INSTALLMENTS PAID IN 2015:	**$11,844.78**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-90212-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-90212-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90247	PHARMACISTS LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$416.62
4/15/2015		$416.62
5/15/2015		$416.62
6/15/2015		$416.62
7/15/2015		$416.62
8/15/2015		$416.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,499.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-90247-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90328	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,128.14
4/15/2015		$1,128.14
5/15/2015		$1,128.14
6/15/2015		$1,128.14
7/15/2015		$1,128.14
8/15/2015		$1,128.14
	TOTAL INSTALLMENTS PAID IN 2015:	**$6,768.84**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-90328-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-90328-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	90557	ZURICH AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,676.30
4/15/2015		$3,676.30
5/15/2015		$3,676.30
6/15/2015		$3,676.30
7/15/2015		$3,676.30
8/15/2015		$3,676.30
	TOTAL INSTALLMENTS PAID IN 2015:	**$22,057.80**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-90557-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-90557-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	90581	SYMETRA NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-90581-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-90581-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90611	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$63,551.01
4/15/2015		$63,551.01
5/15/2015		$63,551.01
6/15/2015		$63,551.01
7/15/2015		$63,551.01
8/15/2015		$63,551.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$381,306.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-90611-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-90611-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90638	BEST LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,332.88
4/15/2015		$1,332.88
5/15/2015		$1,332.88
6/15/2015		$1,332.88
7/15/2015		$1,332.88
8/15/2015		$1,332.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,997.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-90638-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-90638-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	91111	M&T LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91472	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$28,437.82
4/15/2015		$28,437.82
5/15/2015		$28,437.82
6/15/2015		$28,437.82
7/15/2015		$28,437.82
8/15/2015		$28,437.82
	TOTAL INSTALLMENTS PAID IN 2015:	**$170,626.92**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-91472-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-91472-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	91529	UNIMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,563.12
4/15/2015		$2,563.12
5/15/2015		$2,563.12
6/15/2015		$2,563.12
7/15/2015		$2,563.12
8/15/2015		$2,563.12
	TOTAL INSTALLMENTS PAID IN 2015:	**$15,378.72**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-91529-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-91529-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91596	NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$78,298.58
4/15/2015		$78,298.58
5/15/2015		$78,298.58
6/15/2015		$78,298.58
7/15/2015		$78,298.58
8/15/2015		$78,298.58
	TOTAL INSTALLMENTS PAID IN 2015:	**$469,791.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-91596-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-91596-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91626	NEW ENGLAND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$13,094.88
4/15/2015		$13,094.88
5/15/2015		$13,094.88
6/15/2015		$13,094.88
7/15/2015		$13,094.88
8/15/2015		$13,094.88
	TOTAL INSTALLMENTS PAID IN 2015:	**$78,569.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-91626-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-91626-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91642	FORETHOUGHT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$8,292.38
4/15/2015		$8,292.38
5/15/2015		$8,292.38
6/15/2015		$8,292.38
7/15/2015		$8,292.38
8/15/2015		$8,292.38
	TOTAL INSTALLMENTS PAID IN 2015:	**$49,754.28**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-91642-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-91642-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91693	IA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-91693-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-91693-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91785	AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-91785-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-91785-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	91898	LIFECARE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91910	AMERICAN SAVINGS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92274	LANDCAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-92274-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-92274-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92444	DOCTORS' LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-92444-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-92444-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92525	TRUASSURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-92525-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-92525-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92622	WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,929.98
4/15/2015		$3,929.98
5/15/2015		$3,929.98
6/15/2015		$3,929.98
7/15/2015		$3,929.98
8/15/2015		$3,929.98
	TOTAL INSTALLMENTS PAID IN 2015:	**$23,579.88**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-92622-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-92622-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92649	AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92657	NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$40,416.86
4/15/2015		$40,416.86
5/15/2015		$40,416.86
6/15/2015		$40,416.86
7/15/2015		$40,416.86
8/15/2015		$40,416.86
	TOTAL INSTALLMENTS PAID IN 2015:	**$242,501.16**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-92657-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-92657-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92703	UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-92703-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-92703-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92711	HCC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$31,058.77
4/15/2015		$31,058.77
5/15/2015		$31,058.77
6/15/2015		$31,058.77
7/15/2015		$31,058.77
8/15/2015		$31,058.77
	TOTAL INSTALLMENTS PAID IN 2015:	**$186,352.62**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-92711-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-92711-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92738	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-92738-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92908	HEALTHMARKETS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-92908-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-92908-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92916	UNITED AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$19,353.11
4/15/2015		$19,353.11
5/15/2015		$19,353.11
6/15/2015		$19,353.11
7/15/2015		$19,353.11
8/15/2015		$19,353.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$116,118.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-92916-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-92916-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93262	PENN INSURANCE AND ANNUITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,754.73
4/15/2015		$9,754.73
5/15/2015		$9,754.73
6/15/2015		$9,754.73
7/15/2015		$9,754.73
8/15/2015		$9,754.73
	TOTAL INSTALLMENTS PAID IN 2015:	**$58,528.38**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93262-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93262-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	93432	C.M. LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,683.89
4/15/2015		$9,683.89
5/15/2015		$9,683.89
6/15/2015		$9,683.89
7/15/2015		$9,683.89
8/15/2015		$9,683.89
	TOTAL INSTALLMENTS PAID IN 2015:	**$58,103.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93432-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93432-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	93440	HM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$17,982.84
4/15/2015		$17,982.84
4/15/2015		$0.00
5/15/2015		$17,982.84
6/15/2015		$17,982.84
7/15/2015		$17,982.84
8/15/2015		$17,982.84
	TOTAL INSTALLMENTS PAID IN 2015:	**$107,897.04**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93440-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93440-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	93459	PAN-AMERICAN ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,189.48
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,189.48**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93459-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93459-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	93521	GENERAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-93521-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-93521-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93548	PHL VARIABLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,407.49
4/15/2015		$11,407.49
5/15/2015		$11,407.49
6/15/2015		$11,407.49
7/15/2015		$11,407.49
8/15/2015		$11,407.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$68,444.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93548-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93548-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93572	RGA REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-93572-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-93572-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	93580	M LIFE INSURANCE COMPANY

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: 2/28/2016

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**CO**	**Business Type**	**AS**	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	**ST**	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		**$0.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$300.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	93610	JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,195.26
4/15/2015		$3,195.26
5/15/2015		$3,195.26
6/15/2015		$3,195.26
7/15/2015		$3,195.26
8/15/2015		$3,195.26
	TOTAL INSTALLMENTS PAID IN 2015:	**$19,171.56**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-93610-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-93610-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93629	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-93629-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-93629-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93661	ANNUITY INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-93661-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-93661-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93688	QCC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93696	FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,296.42
	TOTAL INSTALLMENTS PAID IN 2015:	**$4,296.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-93696-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-93696-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93734	PHOENIX LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$384.01
4/15/2015		$384.01
5/15/2015		$384.01
6/15/2015		$384.01
7/15/2015		$384.01
8/15/2015		$384.01
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,304.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93734-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93734-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	93742	SECURIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,691.93
4/15/2015		$2,691.93
5/15/2015		$2,691.93
6/15/2015		$2,691.93
7/15/2015		$2,691.93
8/15/2015		$2,691.93
	TOTAL INSTALLMENTS PAID IN 2015:	**$16,151.58**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93742-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93742-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93777	PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,537.95
4/15/2015		$3,537.95
5/15/2015		$3,537.95
6/15/2015		$3,537.95
7/15/2015		$3,537.95
8/15/2015		$3,537.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$21,227.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-93777-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-93777-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93793	MIAMI VALLEY INSURANCE COMPANY, THE

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93815	PACIFIC CENTURY LIFE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94072	SECURITAS FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-94072-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-94072-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94188	LIFEWISE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-94188-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-94188-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94218	COUNTRY INVESTORS LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$2,196.11
4/15/2015		$2,196.11
5/15/2015		$2,196.11
6/15/2015		$2,196.11
7/15/2015		$2,196.11
8/15/2015		$2,196.11
	TOTAL INSTALLMENTS PAID IN 2015:	**$13,176.66**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-94218-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-94218-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	94250	BANNER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$49,573.49
4/15/2015		$49,573.49
5/15/2015		$49,573.49
6/15/2015		$49,573.49
7/15/2015		$49,573.49
8/15/2015		$49,573.49
	TOTAL INSTALLMENTS PAID IN 2015:	**$297,440.94**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-94250-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-94250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2015**

NAIC / Name	94358	USABLE LIFE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$7,062.06
	TOTAL INSTALLMENTS PAID IN 2015:	**$7,062.06**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-94358-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-94358-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94498	STATE FARM HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-94498-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-94498-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94587	MEMBERS HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94633	BUCKTAIL LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95109	AETNA HEALTH INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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
3/15/2015		$237,847.81
4/15/2015		$237,847.81
5/15/2015		$237,847.81
6/15/2015		$237,847.81
7/15/2015		$237,847.81
8/15/2015		$237,847.81
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,427,086.86**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-95109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-95109-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95125	CIGNA HEALTHCARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$171,082.31
4/15/2015		$171,082.31
5/15/2015		$171,082.31
6/15/2015		$171,082.31
7/15/2015		$171,082.31
8/15/2015		$171,082.31
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,026,493.86**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95206	HEALTH NET OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$651,448.62
4/15/2015		$651,448.62
5/15/2015		$651,448.62
6/15/2015		$651,448.62
7/15/2015		$651,448.62
8/15/2015		$651,448.62
	TOTAL INSTALLMENTS PAID IN 2015:	**$3,908,691.72**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95224	PREMIER CHOICE DENTAL, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$2,955.90
4/15/2015		$2,955.90
5/15/2015		$2,955.90
6/15/2015		$2,955.90
7/15/2015		$2,955.90
8/15/2015		$2,955.90
	TOTAL INSTALLMENTS PAID IN 2015:	**$17,735.40**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95330	PRESBYTERIAN HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-95330-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-95330-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95366	ALPHA DENTAL OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$5,505.18
4/15/2015		$5,505.18
5/15/2015		$5,505.18
6/15/2015		$5,505.18
7/15/2015		$5,505.18
8/15/2015		$5,505.18
	TOTAL INSTALLMENTS PAID IN 2015:	**$33,031.08**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95434	PACIFICARE OF COLORADO, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-95434-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-95434-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95617	PACIFICARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$36,380.29
4/15/2015		$36,380.29
5/15/2015		$36,380.29
6/15/2015		$36,380.29
7/15/2015		$36,380.29
8/15/2015		$36,380.29
	TOTAL INSTALLMENTS PAID IN 2015:	**$218,281.74**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95710	UNITEDHEALTHCARE OF WISCONSIN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95885	HUMANA HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

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 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-95885-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-95885-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95982	MEDISUN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$21,241.95
4/15/2015		$21,241.95
5/15/2015		$21,241.95
6/15/2015		$21,241.95
7/15/2015		$21,241.95
8/15/2015		$21,241.95
	TOTAL INSTALLMENTS PAID IN 2015:	**$127,451.70**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	96016	UNITEDHEALTHCARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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
3/15/2015		$332,204.96
4/15/2015		$332,204.96
5/15/2015		$332,204.96
6/15/2015		$332,204.96
7/15/2015		$332,204.96
8/15/2015		$332,204.96
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,993,229.76**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97071	SCOR GLOBAL LIFE USA REINSURANCE COMPANY

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: 3/1/2016

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:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97136	METROPOLITAN TOWER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$4,902.00
4/15/2015		$4,902.00
5/15/2015		$4,902.00
6/15/2015		$4,902.00
7/15/2015		$4,902.00
8/15/2015		$4,902.00
	TOTAL INSTALLMENTS PAID IN 2015:	**$29,412.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-97136-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-97136-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97152	PLATEAU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-97152-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-97152-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97179	UNITEDHEALTHCARE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$9,003.57
4/15/2015		$9,003.57
5/15/2015		$9,003.57
6/15/2015		$9,003.57
7/15/2015		$9,003.57
8/15/2015		$9,003.57
	TOTAL INSTALLMENTS PAID IN 2015:	**$54,021.42**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-97179-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-97179-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97241	SETTLERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,919.10
	TOTAL INSTALLMENTS PAID IN 2015:	**$1,919.10**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-97241-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-97241-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97268	PACIFIC LIFE & ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97292	MAGELLAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97691	LIFE OF THE SOUTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-97691-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-97691-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97705	DIRECT GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-97705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-97705-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
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Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97721	THRIVENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$356.66
4/15/2015		$356.66
5/15/2015		$356.66
6/15/2015		$356.66
7/15/2015		$356.66
8/15/2015		$356.66
	TOTAL INSTALLMENTS PAID IN 2015:	**$2,139.96**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-97721-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-97721-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97764	IDEALIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-97764-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-97764-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97772	US HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-97772-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-97772-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	98205	NATIONAL FOUNDATION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$1,582.89
4/15/2015		$1,582.89
5/15/2015		$1,582.89
6/15/2015		$1,582.89
7/15/2015		$1,582.89
8/15/2015		$1,582.89
	TOTAL INSTALLMENTS PAID IN 2015:	**$9,497.34**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-98205-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-98205-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	98426	SOUTHWEST EQUITY LIFE INSURANCE COMPANY

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: 3/1/2016

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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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	99724	LIFESHIELD NATIONAL INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-99724-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**
HCA16-99724-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	99775	FUNERAL DIRECTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$3,887.09
4/15/2015		$3,887.09
5/15/2015		$3,887.09
6/15/2015		$3,887.09
7/15/2015		$3,887.09
8/15/2015		$3,887.09
	TOTAL INSTALLMENTS PAID IN 2015:	**$23,322.54**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA16-99775-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	99937	COLUMBUS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2016

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.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	**$135.00**
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	**$300.00**

FORM E-TAX: INSTALLMENT PAYMENTS
IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2015		$11,819.45
4/15/2015		$11,819.45
5/15/2015		$11,819.45
6/15/2015		$11,819.45
7/15/2015		$11,819.45
8/15/2015		$11,819.45
	TOTAL INSTALLMENTS PAID IN 2015:	**$70,916.70**

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA16-99937-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	**$125.00**
FRA16-99937-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	**$1,050.00**

FEES THE INSURER PAID TO ARIZONA DURING 2015
ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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