This document contains FY 2020 assessment invoices for all insurance companies and service companies.

To locate your company’s assessment, hold the [Ctrl] key and press the [F] key to open the “find” window. Then enter your company’s NAIC number or a part of your company’s name to locate it within this document.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10006-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10007-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10014-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**                                                                 | **1,050.00**

Make sure we receive your payment by or before August 9, 2019.

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

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

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10030-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10051-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10051-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10052-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10054-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL CO
P.O. BOX 189
CHESHIRE, CT 06410

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------------------|------------------------|----------------|-----------|
FRA20-10069-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10071-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10072-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN AGRICULTURAL INSURANCE COMPANY

1501 E. WOODFIELD ROAD, SUITE 300W

SCHAUMBURG, IL  60173

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10103-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

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

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

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

**OR**

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

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

RE: ANNUAL ASSESSMENT
VICTORIA SELECT INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10111-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-10111-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SECURITY FIRST INSURANCE COMPANY
140 SOUTH ATLANTIC AVENUE_SUITE 200
ORMOND BEACH, FL  32176

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10117-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EVEREST NATIONAL INSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ  07938-0830

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
HCA20-10120-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00     |
FRA20-10120-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

**July 12, 2019**

RE: ANNUAL ASSESSMENT

ALLIED INSURANCE COMPANY OF AMERICA

ONE WEST NATIONWIDE BLVD., 1-04-701

COLUMBUS, OH  43215-2220

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10127-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-10127-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

---

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10130-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<table>
<thead>
<tr>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10155-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10155-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PHOENIX HEALTH PLANS, INC.
7878 N 16TH ST, SUITE 105
PHOENIX, AZ  85020

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

Make sure we receive your payment by or before August 9, 2019.

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

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10160-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-10160-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,425.00

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

OR

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10166-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MOUNTAIN STATES INDEMNITY COMPANY
PO BOX 93254
ALBUQUERQUE, NM  87199-3254

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10177-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Assessment Number | Assessment Description                                      | Assessment Date | Amount Due |
------------------|-------------------------------------------------------------|-----------------|------------|
FRA20-10178-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]    | 7/12/2019       | 1,050.00   |

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

ID A000010200

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10200-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10200-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CONSUMERS INSURANCE USA, INC.
P.O. BOX 12269
MURFREESBORO, TN 37129

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10204-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

July 12, 2019

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

Assessment Description | Assessment Date | Amount Due
------------------------|----------------|----------
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | | **1,050.00**

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10216-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
QBE REINSURANCE CORPORATION
ONE GENERAL DRIVE
SUN PRAIRIE, NY  53596

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
HCA20-10219-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00     |
FRA20-10219-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00   |

TOTAL ASSESSMENT AMOUNT  | 1,250.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COMMONWEALTH INSURANCE COMPANY OF AMERICA
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10220-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACO ASSURANCE COMPANY, INC.
3000 MERIDIAN BOULEVARD, SUITE 400
FRANKLIN, TN  37067

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10222-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITRIN DIRECT INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL  60601

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10226-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
## ARIZONA DEPARTMENT OF INSURANCE
### NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

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

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10227-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-10227-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

---

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

---

NOTICE OF ASSESSMENT

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10235-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10239-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10243-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10243-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

**NOTICE OF ASSESSMENT**

**July 12, 2019**

RE: ANNUAL ASSESSMENT

PMI INSURANCE CO.
3003 OAK ROAD, SUITE 200
WALNUT CREEK, AZ  94597

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10287-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-10287-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>4,500.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  5,550.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10336-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STONINGTON INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI  53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10340-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT 1,050.00**

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
RE: ANNUAL ASSESSMENT
EMPLOYERS PREFERRED INSURANCE COMPANY
10375 PROFESSIONAL CIRCLE
RENO, NV 89521-4802

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|-------------------------|----------------|------------|
FRA20-10346-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10348-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10348-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10351-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

## NOTICE OF ASSESSMENT

**July 12, 2019**

RE: ANNUAL ASSESSMENT  
AVEMCO INSURANCE COMPANY  
8490 PROGRESS DR., SUITE 100  
FREDERICK, MD  21701

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10367-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10367-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10386-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10391-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10391-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

Assessment
Number
FRA20-10393-ACT

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment
Date
7/12/2019

Amount Due
1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Customer Number</th>
<th>Please enter your CUSTOMER NUMBER on your payment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA000010464</td>
<td></td>
</tr>
</tbody>
</table>

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|-------------------------|-----------------|------------|
FRA20-10464-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10472-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10472-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTA L ASSEssMENT AMOUNT** 1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10499-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
CAROLINA CASUALTY INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA  50306-9190

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10510-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10510-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PROSELECT INSURANCE COMPANY
ONE FINANCIAL CENTER, P.O. BOX 55178
BOSTON, MA  02205-5178

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10638-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10640-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10641-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Assessment Number  Assessment Description  Assessment Date  Amount Due
HCA20-10642-ACT  Health Care Appeals Fund [ARS § 20-2541(2)]  7/12/2019  200.00
FRA20-10642-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT  1,250.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10646-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENEVA INSURANCE COMPANY
P O BOX 44807
INDIANAPOLIS, IN  46244-4807

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10648-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10669-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10671-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et all]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SCOTTSDALE SURPLUS LINES INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-10672-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>FRA20-10672-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

3,300.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CSAA MID-ATLANTIC INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, AZ  94597

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10675-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-10675-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: $1,800.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
RE: ANNUAL ASSESSMENT
FIRST GUARD INSURANCE COMPANY
200 NOKOMIS AVE. SOUTH FLOOR 4
VENICE, FL  34285

July 12, 2019

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10676-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-10676-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,800.00

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

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

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

**OR**

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

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

**Make sure we receive your payment by or before August 9, 2019.**

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10677-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-10677-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10682-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10690-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10690-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,250.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10693-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10693-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10723-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TOTAL ASSESSMENT AMOUNT</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10724-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10738-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-10738-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,800.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10749-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

COLONIAL SURETY COMPANY
123 TICE BOULEVARD, SUITE 250
WOODCLIFF LAKE, NJ 07677

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment Date
7/12/2019

Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

**CUSTOMER NUMBER**
IDA000010759

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10759-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERIGROUP OHIO, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN  46204

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-10767-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10783-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MAXUM CASUALTY INSURANCE COMPANY
3655 NORTH POINT PARKWAY, SUITE # 500
ALPHARETTA, GA  30005

CUSTOMER NUMBER
IDA000010784

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-10784-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019     | 1,050.00   |

TOTAL ASSESSMENT AMOUNT | 1,050.00

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

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

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10799-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10800-ACT</td>
<td>Fraud Unit Assessment</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10801-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10804-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10807-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>$1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-10814-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>FRA20-10814-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**   3,300.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

---

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10815-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

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

**OR**

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

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

**Make sure we receive your payment by or before August 9, 2019.**

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10817-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10836-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10836-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CUMIS INSURANCE SOCIETY, INC.
POST OFFICE BOX 1084
MADISON, WI 53701

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10847-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-10847-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST NONPROFIT INSURANCE COMPANY
233 N. MICHIGAN AVE, SUITE 1000
CHICAGO, IL  60601

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

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

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account
OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10872-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|----------------------------------------------------------------------------------------|----------------|------------|
HCA20-10885-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                                             | 7/12/2019      | 200.00     |
FRA20-10885-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                               | 7/12/2019      | 1,050.00   |

TOTAL ASSESSMENT AMOUNT: 1,250.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10891-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Assessment Number | Assessment Description | Assessment Date | Amount Due
---|---|---|---
FRA20-10895-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

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

Customer Number

PREFERRED EMPLOYERS INSURANCE COMPANY
9797 AERO DRIVE, SUITE 200
SAN DIEGO, CA  92123

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-10900-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | | | 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COMMERCIAL ALLIANCE INSURANCE COMPANY
415 LOCKHAVEN DR.
HOUSTON, TX  77073

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10906-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10909-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

CUSTOMER NUMBER

IDA000010914

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10914-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITRIN DIRECT PROPERTY & CASUALTY COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL  60601

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10915-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SURETEC INSURANCE COMPANY
2103 CITYWEST BOULEVARD #1300
HOUSTON, TX 77056

Assessment Description | Assessment Date | Amount Due
--- | --- | ---
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-10921-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

```
<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10925-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00
```

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10936-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-10945-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-10945-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-10952-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-10952-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALAMANCE INSURANCE COMPANY
238 INTERNATIONAL ROAD
BURLINGTON, NC  27215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10957-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-10974-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11000-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11027-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEMIC INDEMNITY COMPANY
1750 ELM STREET, SUITE 500
MANCHESTER, NH  03104

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

# Arizona Department of Insurance
## Notice of Assessment

**July 12, 2019**

**Re: Annual Assessment**

**Stonetrust Commercial Insurance Company**

5615 Corporate Boulevard, Suite 700

Baton Rouge, LA 70808

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11042-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount**: 1,050.00

---

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

---

Pay the **Total Assessment Amount** by one of the following methods (A or B):

- **A:** Pay easily online using your OPTins ASSESSMENT account at OPTins.org
- **B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
  
  **Insurance Department Assessment**
  
  100 N. 15th Ave. # 102
  
  Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

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

---

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11050-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MAIDEN REINSURANCE NORTH AMERICA, INC.
6000 MIDLANTIC DRIVE, SUITE 200 SOUTH
MOUNT LAUREL, NJ 08054

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
HCA20-11054-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00     |
FRA20-11054-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11062-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-11075-.ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11089-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WORTH CASUALTY COMPANY
PO BOX 66
FORT WORTH, TX  76101-0066

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11090-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

Assessment Number | Assessment Description | Assessment Date | Amount Due
FRA20-11092-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT 1,050.00

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

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

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11118-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11118-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**UNIFIED LIFE INSURANCE COMPANY**

P. O. BOX 25326

OVERLAND PARK, KS  66225-5326

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11121-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11121-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11123-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

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

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

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

**OR**

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

CUSTOMER NUMBER

IDA000011126

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11126-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  
1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

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

July 12, 2019

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

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11127-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

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

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

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

OR

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

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

Make sure we receive your payment by or before August 9, 2019.

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

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

## July 12, 2019

**ARIZONA DEPARTMENT OF INSURANCE**

RE: ANNUAL ASSESSMENT

**RURAL TRUST INSURANCE COMPANY**

6301 IVY LANE, SUITE 506

GREENBELT, MD  20770

---

**CUSTOMER NUMBER**

IDA000011134

Please enter your CUSTOMER NUMBER on your payment.

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11134-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11134-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

---

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

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

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

---

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
ARCH INSURANCE COMPANY
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300
JERSEY CITY, NJ 07311-1107

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11150-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11150-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AVESIS INSURANCE INCORPORATED
10324 SOUTH DOLFIELD ROAD
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000011163

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-11163-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
</tr>
<tr>
<td>FSF20-11163-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
</tr>
<tr>
<td>FRA20-11163-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST FINANCIAL INSURANCE COMPANY
185 ASYUM STREET 7TH FLOOR
HARTFORD, CT  06103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11177-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSEssMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-11185-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-11185-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LOYA INSURANCE COMPANY
1800 LEE TREVINO, SUITE 201
EL PASO, TX  79936-4117

Assessment
Number

Assessment Description

Assessment
Date

Amount Due

HCA20-11198-ACT
Health Care Appeals Fund [ARS § 20-2541(2)]

7/12/2019

200.00

FRA20-11198-ACT
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

7/12/2019

1,050.00

TOTAL ASSESSMENT AMOUNT

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HOUSING ENTERPRISE INSURANCE COMPANY, INC.
P.O. BOX 189
CHESIRE, CT  06410-0189

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11206-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SAFECO INSURANCE COMPANY OF INDIANA
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11215-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENERALI (U.S. BRANCH)
7 WTC, 250 GREENWICH STREET
NEW YORK, NY 10007

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-11231-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-11231-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

July 12, 2019

RE: ANNUAL ASSESSMENT
ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPANY
1460 WELL STREET
ENUMCLAW, WA 98022

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11232-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**ALLIED EASTERN INDEMNITY COMPANY**

PO BOX 83777

LANCASTER, PA  17608-3777

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11242-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CATERPILLAR INSURANCE COMPANY
P.O. BOX 340001
NASHVILLE, TN 37203-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11255-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GEORGIA CASUALTY & SURETY COMPANY
P.O. BOX 618
COLUMBIA, MO  65205

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11258-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00
July 12, 2019

RE: ANNUAL ASSESSMENT
SFM MUTUAL INSURANCE COMPANY
PO BOX 9416
MINNEAPOLIS, MN  55440-9416

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11347-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT WEST CASUALTY COMPANY
PO BOX 277
SOUTH SIOUX CITY, NE 68776-0277

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11371-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CGB INSURANCE COMPANY
1608 W. LAFAYETTE AVE.
JACKSONVILLE, IL  62650

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11445-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD STEAM BOILER INSPECTION AND INSURANCE COM
ONE STATE STREET, P.O. BOX 5024
HARTFORD, CT  06102-5024

Assessment
Number
FRA20-11452-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CENSTAT CASUALTY COMPANY
PO BOX 642180
OMAHA, NE  68164-8180

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11499-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EMPLOYERS COMPENSATION INSURANCE COMPANY
10375 PROFESSIONAL CIRCLE
RENO, NV  89521-4802

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11512-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WRIGHT NATIONAL FLOOD INSURANCE COMPANY
801 94TH AVENUE N., STE 110
ST. PETERSBURG, FL  33702

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11523-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ENDURANCE ASSURANCE CORPORATION
4 MANHATTANVILLE ROAD
PURCHASE, NY 10577

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11551-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11551-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC COMPENSATION INSURANCE COMPANY
PO BOX 5043
THOUSAND OAKS, CA  91359-5043

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11555-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.
**Notice of Assessment**

July 12, 2019

**RE: Annual Assessment**

ASSURANCEAMERICA INSURANCE COMPANY  
5500 INTERSTATE NORTH PARKWAY, SUITE 600  
ATLANTA, GA  30328

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11558-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **Total Assessment Amount** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACCIDENT INSURANCE COMPANY, INC.
8500 MENAUL BLVD NE, SUITE 590
ALBUQUERQUE, SC  87112

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-11573-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | | | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INTERNATIONAL FIDELITY INSURANCE COMPANY
ONE NEWARK CENTER
NEWARK, NJ 07102-5207

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11592-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MERCHANTS NATIONAL BONDING, INC.
P.O BOX 14498
DES MOINES, IA  50306-3498

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11595-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FRANK WINSTON CRUM INSURANCE COMPANY
100 SOUTH MISSOURI AVENUE
CLEARWATER, FL  33756

Please enter your CUSTOMER NUMBER on your payment.

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11600-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JEFFERSON INSURANCE COMPANY
9950 MAYLAND DRIVE
RICHMOND, VA  23233

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11630-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11630-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OLD AMERICAN INDEMNITY COMPANY
17304 PRESTON ROAD, SUITE 1100
DALLAS, TX  75252

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11665-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director.  Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director.  We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE 68102-1944

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CSAA AFFINITY INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, AZ 94597

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11681-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-11681-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 8,550.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ECHELON PROPERTY & CASUALTY INSURANCE COMPANY
730 NORTH FRANKLIN SUITE 210
CHICAGO, IL  60654-7207

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11702-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account**

at OPTins.org

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INFINITY AUTO INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL  35283-0189

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11738-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11738-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY PERSONAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA  02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11746-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11746-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED FINANCIAL CASUALTY COMPANY
P.O. BOX 89490
CLEVELAND, OH  44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11770-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI  49501-2450

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-11800-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-11800-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ARIZONA AUTOMOBILE INSURANCE COMPANY
10409 SOUTH 50TH PLACE, #100
PHOENIX, AZ 85044

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11805-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-11805-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,800.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

**July 12, 2019**

RE: ANNUAL ASSESSMENT  
PROFESSIONAL SECURITY INSURANCE COMPANY  
P.O. BOX 52979  
ATLANTA, GA 30355-0979

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11811-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-11811-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

3,300.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
PARTNERRE AMERICA INSURANCE COMPANY
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT  06902

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-11835-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-11835-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MEDICAL PROTECTIVE COMPANY, THE
5814 REED ROAD
FORT WAYNE, IN  46835

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11843-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE ADVANCED INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11851-Act</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ANCHOR SPECIALTY INSURANCE COMPANY
505 ORLEANS, SUITE 400
BEAUMONT, TX  77701

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11853-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PRIMERO INSURANCE COMPANY
506 5TH STREET
SPEARFISH, SD  57783

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11855-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COPIC INSURANCE COMPANY
7351 E. LOWRY BOULEVARD, SUITE 400
DENVER, CO  80230

IDB000011860

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11860-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MUTUALAID EXCHANGE
4400 COLLEGE BLVD, STE 250
OVERLAND PARK, KS  66211

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11878-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MERCURY CASUALTY COMPANY
P. O. BOX 54600
LOS ANGELES, CA  90054

**CUSTOMER NUMBER**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11908-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

|   |   |   | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WHITE PINE INSURANCE COMPANY
550 W. MERRILL STREET, SUITE 200
BIRMINGHAM, MI  48009

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11932-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENERAL STAR NATIONAL INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT  06902

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------ | ------------------------ | --------------- | ---------- |
FRA20-11967-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMROCK TITLE INSURANCE COMPANY
5910 N. CENTRAL EXPRESSWAY, STE 1445
DALLAS, TX  75206

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11974-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL CASUALTY COMPANY
ONE WEST NATIONWIDE BLVD, 1-04-701
COLUMBUS, OH  43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-11991-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-11991-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CATERPILLAR LIFE INSURANCE COMPANY
P.O. BOX 340001
NASHVILLE, TN  37203-0001

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-11997-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-11997-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MBIA INSURANCE CORPORATION
1 MANHATTANVILE RD., SUITE 301
PURCHASE, NY  10577-2100

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12041-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARCADIAN HEALTH PLAN, INC.
P.O. BOX 740036
LOUISVILLE, KY  40201-7436

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COMPWEST INSURANCE COMPANY
200 N. GRAND AVENUE
LANSING, MI 49833

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12177-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN PET INSURANCE COMPANY
6100 4TH AVENUE S, SUITE 200
SEATTLE, WA  98108-3234

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12190-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN LIBERTY INSURANCE COMPANY, INC.
100 LAKE STREET WEST
WAYZATA, UT 55391

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12200-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CANYON INSURANCE SERVICES, INC.
5656 W TALAVI BLVD
GLENDALE, AZ  85306

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12217-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-12217-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>HCA20-12217-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GLENCAR INSURANCE COMPANY
500 PARK BLVD STE 805
ITASCA, FL  60143

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12254-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-12254-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED INSURANCE COMPANY INC.
P. O. BOX 971000
OREM, UT  84097-1000

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12256-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Please enter your CUSTOMER NUMBER on your payment.

IDAO000012256

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT  
CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
440 LINCOLN STREET  
WORCESTER, MA  01653-0002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12260-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PENNSYLVANIA MANUFACTURERS’ ASSOCIATION INSURANCE
P. O. BOX 3031
BLUE BELL, PA 19422-0754

Assessment
Number
FRA20-12262-ACT

Assessment
Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment
Date
7/12/2019

Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI  02940-6008

Assessment Number | Assessment Description | Assessment Date | Amount Due
-------------------|------------------------|----------------|-----------
FRA20-12287-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY
412 MT. KEMBLE AVE, SUITE 300C
MORRISTOWN, NJ  07960

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-12294-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
<tr>
<td>FRA20-12294-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>8,550.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PETROLEUM CASUALTY COMPANY
PO BOX 3342
HOUSTON, TX  77253-3342

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12297-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-12297-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACCIDENT FUND GENERAL INSURANCE COMPANY
P.O. BOX 40790
LANING, MI  48901-7990

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12304-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACCIDENT FUND NATIONAL INSURANCE COMPANY
P.O. BOX 40790
LANSING, MI  48901-7990

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12305-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.
1831 LEFTHAND CIRCLE, SUITE G
LONGMONT, CO 80501

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12309-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BLOOMINGTON COMPENSATION INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH  43215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12311-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PHILADELPHIA REINSURANCE CORPORATION
350 10TH AVENUE, SUITE 1450
SAN DIEGO, CA  92101

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN CONTINENTAL INSURANCE COMPANY
800 CRESCENT CENTRE DRIVE, SUITE 200
FRANKLIN, PA 37067

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12321-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-12321-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Notices of Assessment

Re: Annual Assessment
Sequoia Indemnity Company
P.O. Box 1510
Monterey, CA 93942

July 12, 2019

Customer Number

IDA000012338

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12338-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

Total Assessment Amount | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

Insurance Department Assessment
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CM REGENT INSURANCE COMPANY
300 STERLING PARKWAY, SUITE 100
MECHANICSBURG, PA  17050

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12356-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROTECTIVE INSURANCE COMPANY
111 CONGRESSIONAL BLVD., SUITE 500
CARMEL, IN  46032

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-12416-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-12416-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY MUTUAL PERSONAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA  02116

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------------------|------------------------|----------------|------------|
FRA20-12484-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERIPRISE INSURANCE COMPANY
3500 PACKERLAND DRIVE
DE PERE, WI  54115-9070

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
HCA20-12504-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00
FRA20-12504-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AUTO-OWNERS SPECIALTY INSURANCE COMPANY
400 COMMERCE COURT
GOLDSBORO, NC 27534

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12508-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.
5101 SOUTH COMMERCE DRIVE
MURRAY, UT  84107

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-12515-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-12515-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SAFEWAY INSURANCE COMPANY
790 PASQUINELLI DRIVE
WESTMONT, IL  60559-1254

Assessment
Number
FRA20-12521-ACT  
Assessment Description  
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  
Assessment Date  
7/12/2019  
Amount Due  
1,050.00

TOTAL ASSESSMENT AMOUNT  
1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

AGENTS NATIONAL TITLE INSURANCE COMPANY
1207 WEST BROADWAY, SUITE C
COLUMBIA, MO  65203

Assessment Description

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12522-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WADENA INSURANCE COMPANY
P.O. BOX 1336
DES MOINES, IA  50306-1336

Customer Number: IDA000012528
Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12528-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OPTICARE OF UTAH, INC.
1901 PARKWAY BLVD
WEST VALLEY CITY, UT  84119-2001

- CUSTOMER NUMBER

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12533-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-12533-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HOMEOWNERS OF AMERICA INSURANCE COMPANY
1400 CORPORATE DRIVE - SUITE 300
IRVING, TX 75038

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-12536-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT: **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN AGRI-BUSINESS INSURANCE COMPANY
7101 82ND STREET
LUBBOCK, TX  79424

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-12548-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO
9700 HEALTH CARE LANE MN017-E900
MINNETONKA, MN  55343

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-12567-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-12567-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF AMERICA
40 WANTAGE AVENUE
BRANCHVILLE, NJ  07890

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12572-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SILVERSCRIPT INSURANCE COMPANY
445 GREAT CIRCLE ROAD
NASHVILLE, TN  37228

**CUSTOMER NUMBER**

IDA000012575

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12575-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-12575-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
INFINITY STANDARD INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL  35283-0189

Assessment
Number  Assessment Description  Assessment Date  Amount Due
FRA20-12599-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STANDARD CASUALTY COMPANY
P.O. BOX 311806
NEW BRAUNFELS, TX  78131-1806

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-12645-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DEVELOPERS SURETY AND INDEMNITY COMPANY
P.O. BOX 19725
IRVINE, CA 92623-9725

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-12718-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COPPERPOINT PREMIER INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ  85012-3009

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12741-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-12741-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ENVISION INSURANCE COMPANY
2181 EAST AURORA ROAD
TWINSBURG, OH  44087

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12747-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-12747-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EVERGREEN NATIONAL INDEMNITY COMPANY
6140 PARKLAND BLVD, STE 321
MAYFIELD HEIGHTS, OH 44124

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-12750-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                | 7/12/2019      | 1,050.00   |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEDICUS INSURANCE COMPANY
P.O. BOX 2080
MECHANICSBURG, PA 17055

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12754-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**CHUBB INDEMNITY INSURANCE COMPANY**

202B HALL’S MILL ROAD

WHITEHOUSE STATION, NJ 08889

---

**CUSTOMER NUMBER**

IDA000012777

Please enter your CUSTOMER NUMBER on your payment.

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12777-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

| 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STATE NATIONAL INSURANCE COMPANY, INC.
1900 L. DON DODSON DR.
BEDFORD, TX 76021

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
HCA20-12831-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00
FRA20-12831-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
T.H.E. INSURANCE COMPANY
10451 GULF BLVD.
TREASURE ISLAND, FL  33706-4814

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12866-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SENTRUITY CASUALTY COMPANY
P.O. BOX 441828
HOUSTON, TX  77244-1828

Assessment Number Assessment Description Assessment Date Amount Due
FRA20-12870-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] 7/12/2019 1,050.00

TOTAL ASSESSMENT AMOUNT 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE
44 SOUTH BROADWAY
WHITE PLAINS, NY 10601-1743

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12873-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE COMMERCIAL CASUALTY COMPANY
P.O. BOX 89490
CLEVELAND, OH  44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12879-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. #102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
EAGLE WEST INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA  93940

CUSTOMER NUMBER

IDA000012890

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-12890-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
530 GREAT CIRCLE ROAD
NASHVILLE, TN  37228

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12902-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-12902-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE** using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INFORMATION DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WELLCARE OF TEXAS, INC.
P.O. BOX 31391
TAMPA, FL 33631-3391

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12964-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
KEY INSURANCE COMPANY
8595 COLLEGE BLVD STE 200
OVERLAND PARK, KS  66210

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-12966-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
EASTERN ADVANTAGE ASSURANCE COMPANY
PO BOX 83777
LANCASTER, PA  17608-3777

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13019-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED FIRE & CASUALTY COMPANY
PO BOX 73909
CEDAR RAPIDS, IA  52407-3909

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13021-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MAIN STREET AMERICA PROTECTION INSURANCE COMPANY
55 WEST STREET
KEENE, FL  03431

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-13026-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | | | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COPPERPOINT GENERAL INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ 85012-3009

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**RLI INSURANCE COMPANY**

9025 N. LINDBERGH DRIVE

PEORIA, IL  61615

---

**CUSTOMER NUMBER**

IDA000013056

*Please enter your CUSTOMER NUMBER on your payment.*

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-13056-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-13056-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY ASSURANCE CORPORATION
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE  68102-1944

CUSTOMER NUMBER
IDA000013070

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.
July 12, 2019

RE: ANNUAL ASSESSMENT
OMAHA INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE  68175

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-13100-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-13100-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

2900 SW WANAMAKER DR. SUITE 204

TOPEKA, KS  66614

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13126-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

VIKING INSURANCE COMPANY OF WISCONSIN
1800 NORTH POINT DRIVE
STEVEN'S POINT, WI  54481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13137-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
COMMERCE WEST INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570-0758

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13161-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SURENCY LIFE & HEALTH INSURANCE COMPANY
PO BOX 789773
WICHITA, KS  67278-9773

CUSTOMER NUMBER
IDA000013175

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-13175-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-13175-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EAGLE LIFE INSURANCE COMPANY
6000 WESTOWN PARKWAY
WEST DES MOINES, IA  50266

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13183-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-13183-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN SURETY COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA000013188</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13188-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COPPERPOINT WESTERN INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ  85012-3009

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-13209-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-13209-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COPPERPOINT CASUALTY INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ  85012-3009

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number  Assessment Description                                      Assessment Date  Amount Due
FRA20-13210-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]       7/12/2019       1,050.00
FSF20-13210-ACT  Financial Surveillance Fund [ARS § 20-156(G)]               7/12/2019       375.00

TOTAL ASSESSMENT AMOUNT  1,425.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### Notice of Assessment

**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

WILSHIRE INSURANCE COMPANY

P.O. BOX 10800, 702 OBERLIN ROAD

RALEIGH, NC 27605-0800

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13234-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-13234-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ZENITH INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA  91367

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13269-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE** using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B: If you are unable to pay using OPTins,** mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLEGHENY CASUALTY COMPANY
ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NJ 07102

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13285-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. #102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMALGAMATED CASUALTY INSURANCE COMPANY
8401 CONNECTICUT AVE, SUITE 105
CHEVY CHASE, MD  20815-5825

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13293-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LEXON INSURANCE COMPANY
10002 SHELBYVILLE RD, SUITE 100
LOUISVILLE, KY  40223

CUSTOMER NUMBER
IDA000013307

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13307-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY
471 EAST BROAD STREET
COLUMBUS, OH  43215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13331-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-13331-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

### NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**AUSTIN MUTUAL INSURANCE COMPANY**

PO BOX 1420

MAPLE GROVE, MN  55311

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13412-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

——

July 12, 2019

RE: ANNUAL ASSESSMENT
BADGER MUTUAL INSURANCE COMPANY
1635 WEST NATIONAL AVENUE
MILWAUKEE, WI  53204

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-13420-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-13420-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
BROTHERHOOD MUTUAL INSURANCE COMPANY
P.O. BOX 2227
FORT WAYNE, IN 46801

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13528-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-13528-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CALIFORNIA CAPITAL INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA  93940

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13544-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
MUNICIPAL ASSURANCE CORP.
1633 BROADWAY
NEW YORK, NY  10019

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13559-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAREMORE HEALTH PLAN OF ARIZONA, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-13562-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>FRA20-13562-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 3,300.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ECOLE INSURANCE COMPANY
18835 N THOMPSON PEAK PKWY STE 210
SCOTTSDALE, AZ  85255

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-13601-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-13601-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PAN-AMERICAN ASSURANCE COMPANY INT’L, INC. (U.S.BRAN
P.O. BOX 1051
GRAND CAYMAN, UN 11102

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-13602-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN MUTUAL INSURANCE COMPANY
P. O. BOX 19626
IRVINE, CA 92623-9626

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13625-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ESSENT GUARANTY, INC.
TWO RADNOR CORPORATE CENTER - 100 MATSONFORD RD.,
RADNOR, PA 19087

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13634-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ARCH STRUCTURED MORTGAGE INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

Assessment Number | Assessment Description | Assessment Date | Amount Due
-------------------|------------------------|----------------|-------------
FRA20-13694-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL MORTGAGE INSURANCE CORPORATION
2100 POWELL STREET, 12TH FLOOR
EMERYVILLE, CA  94608

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13695-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE
P. O. BOX 305054
NASHVILLE, TN  37230-5054

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13703-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PHARMACISTS MUTUAL INSURANCE COMPANY
PO BOX 370
ALGONA, IA  50511

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13714-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRIMEONE INSURANCE COMPANY
29899 AGOURA RD., SUITE 110
AGOURA HILLS, CA  91301

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13721-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
KNIGHTBROOK INSURANCE COMPANY
4751 WILSHIRE BLVD, #111
LOS ANGELES, CA  90010

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-13722-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-13722-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF NEW YORK
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13730-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

### July 12, 2019

RE: ANNUAL ASSESSMENT
COPPERPOINT AMERICAN INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ  85012-3009

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13751-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-13751-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPAN
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA  50266-5997

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13773-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account**  
   at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA
6785 WESTOWN PARKWAY
WEST DES MOINES, IA  50266

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13897-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COPPERPOINT INDEMNITY INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ  85012-3009

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-13928-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-13928-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COPPERPOINT NATIONAL INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ  85012-3009

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-13929-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-13929-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,425.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**COMMONWEALTH CASUALTY COMPANY**

2500 NORTH 24TH STREET

PHOENIX, AZ  85008

---

**CUSTOMER NUMBER**

IDA000013930

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-13930-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
<tr>
<td>FRA20-13930-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

$1,800.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FEDERATED MUTUAL INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13935-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-13935-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FLORISTS’ MUTUAL INSURANCE COMPANY
#1 HORTICULTURAL LANE
EDWARDSVILLE, WI  62025

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13978-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FRANKENMUTH MUTUAL INSURANCE COMPANY
ONE MUTUAL AVENUE
FRANKENMUTH, MI  48787-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-13986-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST COMMUNITY INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL 33733

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CRUSADER INSURANCE COMPANY
26050 MUREAU ROAD
CALABASAS, CA  91302

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14010-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-14010-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
STONEGATE INSURANCE COMPANY
7400 NORTH CALDWELL AVENUE
NILES, IL  60714

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-14012-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERIGROUP INSURANCE COMPANY
4425 CORPORATION LANE
VIRGINIA BEACH, VA  23462

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14078-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-14078-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
QUALITAS INSURANCE COMPANY
101 WEST BROADWAY SUITE 1270
SAN DIEGO, CA  92101

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GEICO SECURE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|-------------------------|----------------|------------|
FRA20-14137-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT 1,050.00

Please enter your CUSTOMER NUMBER on your payment.

IDA000014137

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GEICO ADVANTAGE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC  20076-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14138-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GEICO CHOICE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC  20076-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14139-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACUITY, A MUTUAL INSURANCE COMPANY
2800 SOUTH TAYLOR DRIVE, P.O. BOX 58
SHEBOYGAN, WI  53082-0058

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OBI NATIONAL INSURANCE COMPANY
605 HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN  55441

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14190-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site  (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account**  
[at OPTins.org](http://OPTins.org)

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### July 12, 2019

**RE: ANNUAL ASSESSMENT**

**COPPERPOINTE INSURANCE COMPANY**

3030 N. 3RD STREET  
PHOENIX, AZ  85012

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14216-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-14216-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
23,550.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST NATIONAL TITLE INSURANCE COMPANY
2400 DALLAS PARKWAY, SUITE 580
PLANO, TX  75093

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14240-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FOUNDERS INSURANCE COMPANY
1350 EAST TOUHY AVENUE, SUITE 200W
DES PLAINES, IL  60018-3303

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14249-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FALCON INSURANCE COMPANY
724 ENTERPRISE DRIVE
OAK BROOK, IL  60523

Assessment
Number
FRA20-14254-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
IMT INSURANCE COMPANY
P.O. BOX 1336
DES MOINES, IA  50306-1336

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|-----------------------------------------------------------------------------------------|----------------|------------|
FRA20-14257-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                               | 7/12/2019      | 1,050.00   |

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY
2005 MARKET STREET, SUITE 1200
PHILADELPHIA, PA 19103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14265-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
JEWELERS MUTUAL INSURANCE COMPANY
P. O. BOX 468
NEENAH, WI  54957-0468

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14354-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BUILD AMERICA MUTUAL ASSURANCE COMPANY
200 LIBERTY ST., 27TH FLOOR
NEW YORK, NY 10281

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statues Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14380-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00
July 12, 2019

RE: ANNUAL ASSESSMENT
INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)
P.O. BOX 2549
WACO, TX 76702-2549

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14406-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-14406-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EYEMED INSURANCE COMPANY
2555 E CAMELBACK RD STE 700
PHOENIX, OH 85086

Assessment Description | Assessment Date | Amount Due
--- | --- | ---
Financial Surveillance Fund [ARS § 20-156(G)] | 7/12/2019 | 375.00
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT: 1,625.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PODIATRY INSURANCE COMPANY OF AMERICA
3000 MERIDIAN BOULEVARD, SUITE 400
FRANKLIN, TN  37067

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14460-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MERCHANTS BONDING COMPANY (MUTUAL)
P.O BOX 14498
DES MOINES, IA  50306-3498

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14494-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MICHIGAN MILLERS MUTUAL INSURANCE COMPANY
P. O. BOX 30060
LANSING, MI 48909-7560

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14508-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14559-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MAGELLAN COMPLETE CARE OF ARIZONA, INC.
6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Assessment Number | Assessment Description | Assessment Date | Amount Due |
---|---|---|---|
FSF20-14641-ACT | Financial Surveillance Fund [ARS § 20-156(G)] | 7/12/2019 | 375.00 |
FRA20-14641-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,425.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
U.S. LEGAL SERVICES, INC.
8133 BAYMEADOWS WAY
JACKSONVILLE, FL  32256

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14689-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EASTGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA  18703-0020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14702-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-14702-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MUTUAL OF ENUMCLAW INSURANCE COMPANY
1460 WELLS STREET
ENUMCLAW, WA 98022

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14761-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

IN INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**NGM INSURANCE COMPANY**

55 WEST STREET

KEENE, NH  03431

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14788-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPAN
2005 MARKET STREET, SUITE 1200
PHILADELPHIA, PA  19103-7008

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14974-ACT</td>
<td>Fraud Unit Assessment</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE C
P. O. BOX 2361
HARRISBURG, PA 17105-2361

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-14990-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-14990-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GUIDEONE MUTUAL INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA  50265-3538

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15032-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-15032-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
STEWARD HEALTH CHOICE, INC.
410 NORTH 44TH STREET, SUITE 900
PHOENIX, AZ  85008

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15081-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-15081-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15105-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ENCOMPASS INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15130-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COMPREHENSIVE MOBILE INSURANCE COMPANY, INC.
19820 N. 7TH STREET, SUITE 290
PHOENIX, AZ  85024

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SOCIETY INSURANCE, A MUTUAL COMPANY
PO BOX 1029
FOND DU LAC, WI  54936-1029

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15261-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SOUTHWEST LAND TITLE INSURANCE COMPANY
6805 N CAPITAL OF TX HGY 240
AUSTIN, TX  78731

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INVESTORS PREFERRED LIFE INSURANCE COMPANY
1719 WEST MAIN STREET
RAPID CITY, SD  57702

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15313-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WEST BEND MUTUAL INSURANCE COMPANY
1900 SOUTH 18TH AVENUE
WEST BEND, WI  53095

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15350-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN NATIONAL MUTUAL INSURANCE COMPANY
EDINA CORPORATE CENTER
4700 WEST 77TH STREET
EDINA, MN  55435-4818

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-15377-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ONECIS INSURANCE COMPANY
1601 SAWGRASS CORPORATE PARKWAY, SUITE 400
FORT LAUDERDALE, FL  33323-2827

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15385-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL LLOYDS INSURANCE COMPANY
P.O. BOX 130059
DALLAS, TX 75313

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15474-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account
at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CLEAR SPRING PROPERTY AND CASUALTY COMPANY
227 WEST MONROE, SUITE 3950
CHICAGO, IL  60606

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|-------------------------|----------------|------------|
FRA20-15563-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |
HCA20-15563-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]               | 7/12/2019       | 200.00     |

TOTAL ASSESSMENT AMOUNT 1,250.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMSHIELD INSURANCE COMPANY
1817 WEST BROADWAY
COLUMBIA, MO  65218-0001

Customer Number

AMSHIELD INSURANCE COMPANY
1817 WEST BROADWAY
COLUMBIA, MO  65218-0001

Assessment
Number
Assessment Description
Assessment
Date
Amount Due
FRA20-15590-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] 7/12/2019 1,050.00

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AXIS SPECIALTY INSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA  30022

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15610-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-15610-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**MG INSURANCE COMPANY**

10181 SCRIPPS GATEWAY CENTER

SAN DIEGO, CA  92131

---

#### CUSTOMER NUMBER

IDA000015613

---

**Assessment Number** | **Assessment Description** | **Assessment Date** | **Amount Due** |
--- | --- | --- | --- |
FRA20-15613-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
FSF20-15613-ACT | Financial Surveillance Fund [ARS § 20-156(G)] | 7/12/2019 | 375.00 |
HCA20-15613-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT**  
1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- **A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

- **OR**

- **B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

  **INSURANCE DEPARTMENT ASSESSMENT**

  100 N. 15th Ave. # 102

  Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
OBI AMERICA INSURANCE COMPANY
605 HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN  55441

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL FIRE AND INDEMNITY EXCHANGE
P O BOX 39903
ST. LOUIS, MO  63139

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15679-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE** using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CLEAR SPRING LIFE INSURANCE COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN  46280

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15691-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
7710 INSURANCE COMPANY
1 NORTH CANTEY STREET, SUITE 106, PO BOX 207
PO BOX 207
SUMMERTON, SC 29148

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15742-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RADNOR SPECIALTY INSURANCE COMPANY
1170 DEVON PARK DRIVE, P.O. BOX 6670
WAYNE, PA  19087

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15756-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR  
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RADIAN MORTGAGE GUARANTY INC.
1500 MARKET STREET
PHILADELPHIA, PA  19102

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NCMIC INSURANCE COMPANY
P.O. BOX 9118
DES MOINES, IA  50306-9118

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15865-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15873-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.
7700 FORSYTH BOULEVARD
SAINT LOUIS, AZ  63105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-15895-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-15895-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BERKLEY CASUALTY COMPANY
P. O. BOX 660847
BIRMINGHAM, AL  35266-0847

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15911-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

Douglas A. Ducey
Governor

Keith A. Schraad
Director of Insurance

July 12, 2019

RE: ANNUAL ASSESSMENT
AETNA BETTER HEALTH OF OKLAHOMA INC.
1425 UNION MEETING ROAD, U23S
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000015919

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15919-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**NOTICE OF ASSESSMENT**

**RE: ANNUAL ASSESSMENT**

NATIONAL PROSPERITY LIFE AND HEALTH INSURANCE COMP  
5120 WOODWAY DR STE 10025  
HOUSTON, TX  77056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15952-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-15952-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

AMTRUST INSURANCE COMPANY OF KANSAS, INC.
PO BOX 650771
DALLAS, TX  75265-0771

IDAR000015954

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-15954-ACT    | Fraud Unit Assessment  | 7/12/2019      | 1,050.00   |

TOTAL ASSESSMENT AMOUNT 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**BRIGHT HEALTH INSURANCE COMPANY**

219 NORTH 2ND STREET, SUITE 401

MINNEAPOLIS, MN  55401

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-15963-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-15963-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

---

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LEMONADE INSURANCE COMPANY
5 CROSBY STREET FLOOR 3
NEW YORK, NY  10013

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-16023-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                 | 7/12/2019      | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FEDERATED RESERVE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN  55060

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16024-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16024-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
EVEREST DENALI INSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ  07938-0830

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16044-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16044-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
EVEREST PREMIER INSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ  07938-0830

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16045-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16045-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
BANNER HEALTH AND AETNA HEALTH INSURANCE COMPANY
4500 E. COTTON BOULEVARD
PHOENIX, AZ  85040

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16058-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-16058-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>4,500.00</td>
</tr>
<tr>
<td>HCA20-16058-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 5,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BANNER HEALTH AND AETNA HEALTH PLAN INC.
4500 EAST COTTON CENTER BOULEVARD
PHOENIX, AZ  85040

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-16059-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-16059-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITRIN AUTO AND HOME INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL  32258

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16063-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CRONUS INSURANCE COMPANY
370 LAS COLINAS BOULEVARD W.
IRVING, TX 75039

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
STARR SPECIALTY INSURANCE COMPANY
399 PARK AVENUE, 8TH FLOOR
NEW YORK, NY  10022

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16109-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16109-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JM SPECIALTY INSURANCE COMPANY
P.O. BOX 468
NEENAH, WI 54957-0468

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16116-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BRIGHT HEALTH COMPANY OF ARIZONA
219 N 2ND ST, SUITE 310
MINNEAPOLIS, MN  55401

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-16122-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-16122-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
STATES TITLE INSURANCE COMPANY
171 SECOND STREET
SAN FRANCISCO, CA  94105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16137-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-16137-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
VAULT RECIPROCAL EXCHANGE
199 WATER STREET
NEW YORK, NY 10038

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16186-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
METROMILE INSURANCE COMPANY
690 FOLSOM STREET, SUITE 200
SAN FRANCISCO, CA  94107

Assessment Number   Assessment Description                                                                 Assessment Date Amount Due
FRA20-16187-ACT     Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                         7/12/2019       1,050.00
HCA20-16187-ACT     Health Care Appeals Fund [ARS § 20-2541(2)]                                7/12/2019       200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CM SELECT INSURANCE COMPANY
P.O. BOX 357
MERRILL, WI 54452

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16203-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP
ONE GENERAL DRIVE
SUN PRAIRIE, WI  53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16217-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16217-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH PLANS OF ARIZONA, INC.
8735 HENDERSON ROAD
TAMPA, FL 33634

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16253-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-16253-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

MIDWEST FAMILY ADVANTAGE INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN  55440-9425

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16262-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEXT INSURANCE US COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE  19808

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16285-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BRIDGEBAY HEALTH SOLUTIONS OF ARIZONA, INC.
1870 WEST RIO SALADO PARKWAY
TEMPE, AZ  85281

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16310-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site  (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
OSCAR HEALTH PLAN, INC.
295 LAFAYETTE STREET, 6TH FLOOR
NEW YORK, NY  10012

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16337-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
IMPERIAL INSURANCE COMPANY OF TEXAS, INC.
600 SOUTH LAKE AVENUE, SUITE 308
PASADENA, CA  91106

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16348-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16348-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CHIRON INSURANCE COMPANY
P.O. BOX 370
ALGONA, IA  50511

CUSTOMER NUMBER

IDAO000016356

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16356-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JET INSURANCE COMPANY
14045 BALLANTYNE CORPORATE PLACE, SUITE 525
CHARLOTTE, NC 28277

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MOBILITAS INSURANCE COMPANY
2550 WEST UNION HILLS DRIVE, SUITE 350
PHOENIX, AZ  85027

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16392-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16535-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16535-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STILLWATER PROPERTY AND CASUALTY INSURANCE COMPA
P. O. BOX 45126
JACKSONVILLE, FL  32232-5126

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16578-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-16578-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEW YORK MARINE AND GENERAL INSURANCE COMPANY
412 MT. KEMBLE AVE, SUITE 300C
MORRISTOWN, NJ  07960

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16608-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLIED WORLD SPECIALTY INSURANCE COMPANY
199 WATER STREET
NEW YORK, NY 10038

Customer Number
ALLIED WORLD SPECIALTY INSURANCE COMPANY
199 WATER STREET
Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16624-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF N
POST OFFICE BOX 20597
GREENSBORO, NC  27420

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16659-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENWORTH MORTGAGE INSURANCE CORPORATION OF N C
8325 SIX FORKS ROAD
RALEIGH, NC  27615

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16675-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT AMERICAN INSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH  45202

Assessment
Number
FRA20-16691-ACT
HCA20-16691-ACT

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Health Care Appeals Fund [ARS § 20-2541(2)]

Assessment Date
7/12/2019
7/12/2019

Amount Due
1,050.00
200.00

TOTAL ASSESSMENT AMOUNT
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DEALERS ASSURANCE COMPANY
15920 ADDISON ROAD
ADDISON, TX 75001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16705-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE
ONE HERITAGE PLACE
PIQUA, OH  45356

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-16713-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INFINITY SAFEGUARD INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL  35283-0189

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16802-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN MERCURY INSURANCE COMPANY
P.O. BOX 728847
OKLAHOMA CITY, OK  73172-8847

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16810-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MMIC INSURANCE, INC.
7701 FRANCE AVENUE SOUTH, SUITE 500
MINNEAPOLIS, MN  55435-5288

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-16942-ACT</td>
<td>Fraud Unit Assessment</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HOMESITE INSURANCE COMPANY
ONE FEDERAL STREET, SUITE 400
BOSTON, MA  02110-2003

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-17221-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-17221-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-17230-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-17230-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**FLORIDA SPECIALTY INSURANCE COMPANY**

1 S SCHOOL AVE, SUITE 900

SARASOTA, FL  34237-6014

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-17248-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**CUSTOMER NUMBER**

IDA000017248

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE
SCOTTSDALE, AZ  85260-2410

Customer Number

NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE
SCOTTSDALE, AZ  85260-2410

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FSL20-17370-ACT | Financial Surveillance Fund [ARS § 20-156(G)] | 7/12/2019 | 7,500.00 |
FRA20-17370-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT 8,550.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OLD GUARD INSURANCE COMPANY
P.O. BOX 5001
WESTFIELD CENTER, OH  44251-5001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-17558-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-17558-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SENTINEL INSURANCE COMPANY
P O BOX 61140
HARRISBURG, PA  17106-1140

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-17965-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-17965-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STAR INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18023-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-18023-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TOPA INSURANCE COMPANY
24025 PARK SORRENTO, SUITE 300
CALABASAS, CA  91302

ID A000018031

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18031-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**  
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT  
PHILADELPHIA INDEMNITY INSURANCE COMPANY  
THREE BALA PLAZA EAST, SUITE 400  
BALA CYNYWYD, PA  19004-1403

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18058-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-18058-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
1800 NORTH POINT DRIVE
STEVEENS POINT, WI  54481

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS STANDARD INSURANCE COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18279-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-18279-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ASSURED GUARANTY MUNICIPAL CORP.
1633 BROADWAY
NEW YORK, NY  10019

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18287-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PEERLESS INDEMNITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18333-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INDEMNITY NATIONAL INSURANCE COMPANY
238 BEDFORD WAY
FRANKLIN, TN  37064

Assessment Number                  Assessment Description                            Assessment Date  Amount Due
FRA20-18468-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT            1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
USAA GENERAL INDEMNITY COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX  78288

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18600-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

PLATTE RIVER INSURANCE COMPANY
P.O. BOX 5900
MADISON, WI  53705-0900

```
<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18619-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00
```

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT MIDWEST INSURANCE COMPANY
800 GESSNER, SUITE 600
HOUSTON, TX  77024

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18694-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-18694-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMBAC ASSURANCE CORPORATION
ONE STATE STREET PLAZA
NEW YORK, NY 10004

Assessment
Number
FRA20-18708-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment
Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE GUARANTY COMPANY
POST OFFICE BOX 20597
GREENSBORO, AZ  27420

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18732-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MGIC INDEMNITY CORPORATION
P.O. BOX 756
MILWAUKEE, WI  53201

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18740-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT          1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MERIT HEALTH INSURANCE COMPANY
5215 OLD ORCHARD ROAD, SUITE 600
SKOKIE, IL 60077

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18750-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-18750-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CHURCH MUTUAL INSURANCE COMPANY
P. O. BOX 357
MERRILL, WI  54452

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18767-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-18767-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED HERITAGE PROPERTY & CASUALTY COMPANY
PO BOX 5555
MERIDIAN, ID 83680-5555

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18939-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CSE SAFEGUARD INSURANCE COMPANY
2121 NORTH CALIFORNIA BOULEVARD
WALNUT CREEK, CA  94596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18953-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CRESTBROOK INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD. 1-04-701
COLUMBUS, OH 43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18961-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AUTO-OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI  48909-8160

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-18988-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-18988-ACT</td>
<td>Health Care Appeals Fund  [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19038-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19038-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT  06183

Assessment Number  Assessment Description                        Assessment Date  Amount Due
FRA20-19046-ACT      Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B:  If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19062-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19062-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
STANDARD FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT  06183

CUSTOMER NUMBER
IDA000019070

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19070-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19070-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMCO INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19100-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL UNITY INSURANCE COMPANY
15303 HUEBNER ROAD, BLDG. #1
SAN ANTONIO, TX  78248

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19119-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: $1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SOUTHERN GUARANTY INSURANCE COMPANY
13600 ICOT BLVD., BLDG. A.
CLEARWATER, FL  33760-3703

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19178-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19178-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SOUTHERN INSURANCE COMPANY
POST OFFICE BOX 809076
DALLAS, TX  75380-9076

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ST. PAUL PROTECTIVE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19224-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19224-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

CUSTOMER NUMBER

Please enter your CUSTOMER NUMBER on your payment.

IDA000019232

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-----------------|-----------------------|----------------|------------|
FRA20-19232-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-19232-ACT  | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account
at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19240-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19240-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

**Selectives Insurance Company of South Carolina**

**Address:** 40 Wantage Avenue, Branchville, NJ 07890

**Customer Number:** IDA000019259

**Assessment Number:** FRA20-19259-ACT

**Assessment Description:** Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19259-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount:** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
6000 AMERICAN PARKWAY
MADISON, WI  53783-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19275-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19275-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
6000 AMERICAN PARKWAY
MADISON, WI  53783-0001

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HOME ASSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY  10038

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19380-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19380-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

AIU INSURANCE COMPANY
175 WATER STREET, 24TH FLOOR
NEW YORK, NY  10038

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-19399-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-19399-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT | 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AIG PROPERTY CASUALTY COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19402-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19402-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COMMERCE AND INDUSTRY INSURANCE COMPANY
175 WATER STREET ,18TH FLOOR
NEW YORK, NY  10038

CUSTOMER NUMBER

IDA000019410

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19410-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH
175 WATER STREET, 18TH FLOOR
NEW YORK, NY  10038

Customer Number
IDA000019429

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19429-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19429-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG
175 WATER STREET, 18TH FLOOR
NEW YORK, NY  10038

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19445-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19445-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSATLANTIC REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006

CUSTOMER NUMBER
IDA000019453

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19453-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19453-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**ARIZONA DEPARTMENT OF INSURANCE**

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERISURE INSURANCE COMPANY
P. O. BOX 2060
FARMINGTON HILLS, MI  48331-3586

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19488-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED FIRE & INDEMNITY COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA  52407-3909

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CATLIN INSURANCE COMPANY, INC.
3340 PEACHTREE RD. NE, SUITE 2950
ATLANTA, GA  30326

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19518-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19518-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UFG SPECIALTY INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA  52407-3909

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19526-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL ASSESSMENT AMOUNT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HALLMARK NATIONAL INSURANCE COMPANY
777 MAIN STREET SUITE 1000
FORT WORTH, TX  76102

Assessment
Number
FRA20-19530-ACT
FSF20-19530-ACT
HCA20-19530-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Financial Surveillance Fund [ARS § 20-156(G)]
Health Care Appeals Fund [ARS § 20-2541(2)]
Assessment Date
7/12/2019
7/12/2019
7/12/2019
Amount Due
1,050.00
2,250.00
200.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN RELIABLE INSURANCE COMPANY
8667 EAST HARTFORD DRIVE, SUITE 225
SCOTTSDALE, AZ 85258

CUSTOMER NUMBER
IDA000019615

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19615-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-19615-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
<tr>
<td>HCA20-19615-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

8,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, call us at 602-364-2459.**
## NOTICE OF ASSESSMENT

### July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SUMMIT INSURANCE COMPANY
P.O. BOX 130059
DALLAS, TX  75313

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19623-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19623-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN ROAD INSURANCE COMPANY, THE
ONE AMERICAN ROAD, MD 7600
DEARBORN, MI  48126-2701

Assessment Number | Assessment Description                                      | Assessment Date | Amount Due |
--------------------|-------------------------------------------------------------|-----------------|------------|
FRA20-19631-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]     | 7/12/2019       | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BRISTOL WEST INSURANCE COMPANY
900 S. PINE ISLAND RD. SUITE 600
PLANTATION, FL  33324

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-19658-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT  06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19682-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19682-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**Governor**

**Director of Insurance**

**ARIZONA DEPARTMENT OF INSURANCE**

July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN ECONOMY INSURANCE COMPANY

175 BERKELEY STREET

BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19690-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19704-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19704-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY OF TEXAS
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19712-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19712-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN ALTERNATIVE INSURANCE CORPORATION
555 COLLEGE ROAD EAST - P.O. BOX 5241
PRINCETON, NJ  08543

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19720-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19720-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARGONAUT INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX  78246

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARGONAUT-MIDWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX  78246

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|-------------------------|-----------------|------------|
FRA20-19828-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SELECT MARKETS INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX  78246

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARGONAUT-SOUTHWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX  78246

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19844-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

FINANCIAL INDEMNITY COMPANY

POST OFFICE BOX 223687

DALLAS, TX  75222-3687

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19852-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19852-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ARGONAUT GREAT CENTRAL INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX  78246

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19860-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

Please enter your CUSTOMER NUMBER on your payment.

The consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SECURITY NATIONAL INSURANCE COMPANY
PO BOX 650771
DALLAS, TX  75265-0771

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19879-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRINITY UNIVERSAL INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL  32258

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19887-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE UNDERWRITERS INC.
175 BERKELEY STREET
BOSTON, MA 02116

Customer Number

IDA000019917

Please enter your CUSTOMER NUMBER on your payment.

Assessment
Assessment Description
Assessment Date
Amount Due
FRA20-19917-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] 7/12/2019 1,050.00
HCA20-19917-ACT Health Care Appeals Fund [ARS § 20-2541(2)] 7/12/2019 200.00

TOTAL ASSESSMENT AMOUNT
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN COMMERCE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA  01570-0758

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19941-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-19941-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMICA MUTUAL INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI  02940-6008

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19976-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACIG INSURANCE COMPANY
2600 N. CENTRAL EXPRESSWAY, SUITE 800
RICHARDSON, TX 75080

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-19984-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SELECT INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH  44251-5001

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE  68102-1944

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20044-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE  68102-1944

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20052-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL INDEMNITY COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE  68102-1944

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20087-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20087-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BITCO GENERAL INSURANCE CORPORATION
3700 MARKET SQUARE CIRCLE
DAVENPORT, IA  52807

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20095-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**  
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT  
BITCO NATIONAL INSURANCE COMPANY  
3700 MARKET SQUARE CIRCLE  
DAVENPORT, IA  52807

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20109-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY INDEMNITY EXCHANGE
P. O. BOX M
SAN MATEO, CA  94402-0080

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20117-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY INSURANCE COMPANY
P. O. BOX M
SAN MATEO, CA  94402-0080

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20125-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL TRUST INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240-8424

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20141-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ALL AMERICA INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH  45891-0351

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20222-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTRAL MUTUAL INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH 45891-0351

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20230-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INFINITY SELECT INSURANCE COMPANY
POST OFFICE BOX 830189
BIRMINGHAM, AL  35283-0189

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20260-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WRM AMERICA INDEMNITY COMPANY, INC.
628 HEBRON AVE.
SUITE 106
GLASTONBURY, CT  06033

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20273-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20273-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**FEDERAL INSURANCE COMPANY**

202B HALL’S MILL ROAD

WHITEHOUSE STATOPM, NJ 08889

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20281-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20281-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT NORTHERN INSURANCE COMPANY
202B HALL’S MILL ROAD
WHITEHOUSE STATION, NJ 08889

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20303-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20303-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
SYNCORA GUARANTEE INC.
555 MADISON AVENUE, 11TH FLOOR
NEW YORK, NY 10020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20311-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PALOMAR SPECIALTY INSURANCE COMPANY
7979 IVANHOE AVENUE, SUITE 500
LA JOLLA, CA  92037

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20338-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC INDEMNITY COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 08889

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20346-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20346-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ 07059-0602

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20362-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20362-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

AXIS REINSURANCE COMPANY

11680 GREAT OAKS WAY, SUITE 500

ALPHARETTA, GA  30022

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20370-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20370-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
VIGILANT INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ  08889

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20397-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20397-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CIMARRON INSURANCE COMPANY, INC.
4312 STOURTON LANE,
CHARLOTTE, NC  28226

Customer Number
IDA000020400

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20400-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-20400-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>HCA20-20400-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

*For questions concerning this assessment, call us at 602-364-2459.*
July 12, 2019

RE: ANNUAL ASSESSMENT
HOMESITE INDEMNITY COMPANY
ONE FEDERAL STREET, SUITE 400
BOSTON, MA  02110-2003

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20419-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

## July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA
151 NORTH FRANKLIN STREET
CHICAGO, IL  60606

---

**CUSTOMER NUMBER**

IDA000020427

---

### Assessment Table

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20427-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20427-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL CASUALTY COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL  60606

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20443-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20443-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
151 NORTH FRANKLIN STREET
CHICAGO, IL  60606

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20478-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20478-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSPORTATION INSURANCE COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL  60606

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
VALLEY FORGE INSURANCE COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL  60606

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|-------------------------|-----------------|------------|
FRA20-20508-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-20508-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
EULER HERMES NORTH AMERICA INSURANCE COMPANY
800 RED BROOK BLVD
OWINGS MILLS, MD  21117

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20516-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CLARENDON NATIONAL INSURANCE COMPANY
411 FIFTH AVENUE 5TH FLOOR
NEW YORK, NY  10016

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-20532-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-20532-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA
199 WATER STREET, SUITE 2100
NEW YORK, NY 10038-3526

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-20559-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
<tr>
<td>FRA20-20559-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 8,550.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
XL REINSURANCE AMERICA INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20583-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20583-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SPARTA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT  06032

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20613-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20613-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LAMORAK INSURANCE COMPANY
1880 JFK BOULEVARD, STE 801
PHILADELPHIA, PA  19103

ASSessment
Number

Assessment Description

Assessment
Date

Amount Due

FRA20-20621-ACT
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
7/12/2019
1,050.00

HCA20-20621-ACT
Health Care Appeals Fund [ARS § 20-2541(2)]
7/12/2019
200.00

TOTAL ASSESSMENT AMOUNT
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
EMPLOYERS’ FIRE INSURANCE COMPANY, THE
1880 JFK BOULEVARD, STE 801
PHILADELPHIA, PA  19103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20648-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20648-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA  19106

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20699-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20699-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACE FIRE UNDERWRITERS INSURANCE COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA  19106

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A:  PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B:  If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20702-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20702-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,250.00
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CENTURY INDEMNITY COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20710-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-20710-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
21ST CENTURY PREMIER INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE  19803-1115

Assessment Description | Assessment Date | Amount Due |
------------------------|----------------|------------|
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WELLFLEET NEW YORK INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN 46835-3568

CUSTOMER NUMBER

IDA000020931

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------------------|------------------------|----------------|-----------|
FRA20-20931-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00  |
HCA20-20931-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]           | 7/12/2019      | 200.00    |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COUNTRY CASUALTY INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL  61702-2100

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20982-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site  (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COUNTRY MUTUAL INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL  61702-2100

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-20990-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COUNTRY PREFERRED INSURANCE COMPANY
P. O. BOX 2100
BLOOMINGTON, IL  61702-2100

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21008-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GLOBAL REINSURANCE CORPORATION OF AMERICA
125 BROAD STREET
NEW YORK, NY  10004

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21032-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FINANCIAL AMERICAN PROPERTY AND CASUALTY IC
12485 SW 137 AVE
MIAMI, FL  33186

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21075-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21075-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NORTH RIVER INSURANCE COMPANY, THE
305 MADISON AVENUE
MORRISTOWN, NJ  07960

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21105-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21105-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED STATES FIRE INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 07960

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21113-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21113-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DAIRYLAND INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVEN'S POINT, WI  54481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21164-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
VANLINER INSURANCE COMPANY
ONE PREMIER DRIVE
ST. LOUIS, MO  63026

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21172-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SENTRY SELECT INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI  54481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21180-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21180-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

Governor Director of Insurance
Douglas A. Ducey Keith A. Schraad

July 12, 2019

RE: ANNUAL ASSESSMENT
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21253-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ELECTRIC INSURANCE COMPANY
75 SAM FONZO DRIVE
BEVERLY, MA  01915-1000

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21261-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21261-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to: **

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALTERNRA AMERICA INSURANCE COMPANY
TEN PARKWAY NORTH
DEERFIELD, VA 60015

CUSTOMER NUMBER

IDA000021296

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-21296-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-21296-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EMPIRE FIRE AND MARINE INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21326-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21326-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
EMCASCO INSURANCE COMPANY
P. O. BOX 712
DES MOINES, IA  50306-0712

CUSTOMER NUMBER
IDA000021407

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21407-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
EMPLOYERS MUTUAL CASUALTY COMPANY
P. O. BOX 712
DES MOINES, IA 50306-0712

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21415-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY OF PROVIDENCE
PO BOX 712
DES MOINES, IA  50306-0712

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21423-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EMPLOYERS INSURANCE COMPANY OF WAUSAU
175 BERKELEY STREET
BOSTON, MA 02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21458-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21458-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FACTORY MUTUAL INSURANCE COMPANY
P.O. BOX 7500
JOHNSTON, RI 02919-0750

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21482-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statues Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**  
**FARMERS INSURANCE COMPANY OF ARIZONA**  
P.O. BOX 4402  
WOODLAND HILLS, AZ  91365

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-21598-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
<tr>
<td>FRA20-21598-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21598-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
2,000.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
FARMERS INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA  91365

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21652-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21652-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRE INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA  91365

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21660-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MID-CENTURY INSURANCE COMPANY
P.O. BOX 4402
WOODLAND HILLS, CA  91365

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-21687-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-21687-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT | 1,250.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TRUCK INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA  91365

IDABUSINESS NUMBER
IDA000021709

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21709-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21709-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ESURANCE INSURANCE COMPANY OF NEW JERSEY
650 DAVIS STREET
SAN FRANCISCO, CA  94111-1904

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21741-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

| | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIREMEN’S INSURANCE COMPANY OF WASHINGTON, D.C.
4820 LAKE BROOK DRIVE
GLEN ALLEN, VA  23060-9233

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21784-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21784-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
INFINITY CASUALTY INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL 35283-0189

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21792-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN PROPERTY INSURANCE COMPANY
4 INDUSTRIAL WAY WEST, SUITE 102
EATONTOWN, NJ 07724

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21806-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEW ENGLAND INSURANCE COMPANY
100 HIGH STREET, SUITE 800
BOSTON, MA  02110

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21830-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INFORMATION DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN AUTOMOBILE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL  60606-3484

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN INSURANCE COMPANY, THE
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL  60606-3484

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ASSOCIATED INDEMNITY CORPORATION
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL  60606-3484

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21865-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21865-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FIREMAN’S FUND INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, CA  60606-3484

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21873-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21873-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL SURETY CORPORATION
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL  60606-3484

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21881-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21881-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROCENTURY INSURANCE COMPANY
550 POLARIS PARKWAY
WESTERVILLE, OH  43082

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21903-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account** at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLIANZ REINSURANCE AMERICA, INC.
1465 NORTH MCDOWELL BLVD., SUITE 100
PETALUMA, CA  94954

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21911-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-21911-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PENNSYLVANIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21962-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BEDIVERE INSURANCE COMPANY
1880 JFK BOULEVARD, STE 801
PHILADELPHIA, PA  19103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-21970-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site  (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CIM INSURANCE CORPORATION
500 WOODWARD AVE, 14TH FLOOR
DETROIT, MI  48226

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22004-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MOTORS INSURANCE CORPORATION
500 WOODWARD AVE, 14TH FLOOR
DETROIT, MI  48226

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22012-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENERAL REINSURANCE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT  06902-1843

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22039-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22039-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GEICO INDEMNITY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC  20076-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22055-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GOVERNMENT EMPLOYEES INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC  20076-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22063-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22063-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GRAIN DEALERS MUTUAL INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22098-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22098-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT AMERICAN INSURANCE COMPANY OF NEW YORK
301 E FOURTH STREET
CINCINNATI, OH  45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22136-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REPUBLIC INDEMNITY COMPANY OF AMERICA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA  91436

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22179-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREATER NEW YORK MUTUAL INSURANCE COMPANY
200 MADISON AVENUE
NEW YORK, NY  10016-3904

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22187-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22187-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FREEDOM SPECIALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-22209-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | | | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
21ST CENTURY PREFERRED INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE  19803-1115

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22225-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22225-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SELECT INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22233-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEDMARC CASUALTY INSURANCE COMPANY
4795 MEADOW WOOD LANE
CHANTILLY, VA  20151

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22241-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
BLUESHORE INSURANCE COMPANY
1720 WEST RIO SALADO PARKWAY
TEMPE, AZ  85281

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22250-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE** using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INFINITY INSURANCE COMPANY
POST OFFICE BOX 830189
BIRMINGHAM, AL 35283-0189

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-22268-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT  

July 12, 2019  

RE: ANNUAL ASSESSMENT  
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE  68102-1944  

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22276-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22276-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HANOVER INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA  01653-0002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22292-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22292-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MASSACHUSETTS BAY INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA  01653-0002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22306-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RSUI INDEMNITY COMPANY
945 E. PACES FERRY RD, SUITE 1800
ATLANTA, GA  30326-1160

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-22314-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GREENWICH INSURANCE COMPANY
70 SEA VIEW AVENUE
STAMFORD, CT  06902

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-22322-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-22322-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD ACCIDENT AND INDEMNITY COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT  06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22357-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22357-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MENDAKOTA INSURANCE COMPANY
150 PIERCE ROAD, SUITE 600
ITASCA, MN  60143-1222

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22454-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SECUERA INSURANCE, A MUTUAL COMPANY
P.O. BOX 819
APPLETON, WI  54912-0819

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-22543-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MITSUI SUMITOMO INSURANCE USA INC.
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ  07059-0602

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22551-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HORACE MANN INSURANCE COMPANY
#1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22578-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MGIC ASSURANCE CORPORATION
P.O. BOX 756
MILWAUKEE, WI  53201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22594-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL SPECIALTY INSURANCE COMPANY
1900 L. DON DODSON DR.
BEDFORD, TX  76021

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22608-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET P.O. BOX 1000
PHILADELPHIA, PA 19106

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT  

July 12, 2019  

RE: ANNUAL ASSESSMENT  
TEACHERS INSURANCE COMPANY  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL  62715  

Assessment Table:  

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22683-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22683-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR  

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
R&Q REINSURANCE COMPANY
2 LOGAN SQUARE, SUITE 600
PHILADELPHIA, PA  19103

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22705-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22705-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22713-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22713-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLIED WORLD INSURANCE COMPANY
199 WATER STREET
NEW YORK, NY 10038

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22730-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22730-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL ASSESSMENT AMOUNT</td>
<td>1,250.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC EMPLOYERS INSURANCE COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA  19106

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22748-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-22748-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY
#1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22756-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INTEGON INDEMNITY CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC  27102-3199

CUSTOMER NUMBER

IDA000022772

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22772-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CHICAGO INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22810-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AGCS MARINE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL  60606-3484

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22837-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ACA FINANCIAL GUARANTY CORPORATION
555 THEODORE FREMD AVE., SUITE C-205
RYE, NY 10580

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22896-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO
P.O. BOX 305054
NASHVILLE, TN 37230-5054

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-22906-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | | | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ECONOMY FIRE & CASUALTY COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI  02887-0350

Assessment Number | Assessment Description | Assessment Date | Amount Due
FRA20-22926-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACSTAR INSURANCE COMPANY
30 SOUTH ROAD
FARMINGTON, CT 06032

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22950-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT  

July 12, 2019

RE: ANNUAL ASSESSMENT  
SEQUOIA INSURANCE COMPANY  
PO BOX 1510  
MONTEREY, CA  93942

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-22985-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY MUTUAL FIRE INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23035-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23035-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY MUTUAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23043-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23043-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NEW MEXICO FOUNDATION INSURANCE COMPANY
PO BOX 27825
ALBUQUERQUE, NM  87125

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23051-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
R.V.I. AMERICA INSURANCE COMPANY
201 BROAD STREET, SIXTH FLOOR
STAMFORD, CT 06901

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23132-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23132-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLI
P.O. BOX 10800, 702 OBERLIN ROAD
RALEIGH, NC  27605-0800

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23248-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23248-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INLAND INSURANCE COMPANY
P.O. BOX 80468
LINCOLN, NE  68501

**Assessment Number** | **Assessment Description** | **Assessment Date** | **Amount Due**
--- | --- | --- | ---
FRA20-23264-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

CINCINNATI INDEMNITY COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH  45250-5496

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23280-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23280-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN EUROPEAN INSURANCE COMPANY
2250 CHAPEL AVE WEST
CHERRY HILL, NJ  08002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23337-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MERIDIAN SECURITY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23353-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<table>
<thead>
<tr>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERISURE MUTUAL INSURANCE COMPANY
P. O. BOX 2060
FARMINGTON HILLS, MI  48331-3586

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23396-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MID-CONTINENT CASUALTY COMPANY
P.O. BOX 1409
TULSA, OK  74101

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23418-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MIDDLESEX INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI  54481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23434-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23434-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
Patriot General Insurance Company
1800 North Point Drive
Stevens Point, WI 54481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23442-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

Insurance Department Assessment
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH  45201-5323

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23450-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN MODERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH  45201-5323

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23469-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23469-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MONTEREY INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA  93940

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23540-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MIDWEST FAMILY MUTUAL INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN  55440-9425

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HARLEYSVILLE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-23582-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et all] | 7/12/2019 | 1,050.00 |

**Total Assessment Amount**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MIDWEST EMPLOYERS CASUALTY COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 300
CHESTERFIELD, MO  63017

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23612-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23612-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):  

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
IRONSHORE INDEMNITY INC.
175 BERKELEY STREET
BOSTON, MA 02116

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL AMERICAN INSURANCE COMPANY
P.O. BOX 9
CHANDLER, OK  74834

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-23663-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT  06032

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23671-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

ODYSSEY REINSURANCE COMPANY

300 FIRST STAMFORD PLACE

STAMFORD, CT  06902

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23680-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23680-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC  27102-3199

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
DIRECT NATIONAL INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23736-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ASCOT INSURANCE COMPANY
55 WEST 46TH STREET 26TH FLOOR
NEW YORK, NY  10036

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-23752-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE GENERAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23760-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23779-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23779-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE MUTUAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23787-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23787-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GRANITE STATE INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-23809-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-23809-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ILLINOIS NATIONAL INSURANCE CO.
175 WATER STREET, 18TH FLOOR
NEW YORK, NY  10038

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23817-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION
1 MANHATTANVILLE ROAD, SUITE 301
PURCHASE, NY  10577-2100

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-23825-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEW HAMPSHIRE INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY  10038

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23841-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23841-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MAPFRE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570-0758

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-23876-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-23876-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NORTHLAND INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

 Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-24015-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NORTHLAND CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

CUSTOMER NUMBER
IDA000024031

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-24031-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SURETY BONDING COMPANY OF AMERICA
151 NORTH FRANKLIN STREET
CHICAGO, IL  60606

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-24047-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN FIRE AND CASUALTY COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24066-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OHIO CASUALTY INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24074-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24074-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OHIO SECURITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA  02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24082-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OHIO FARMERS INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH  44251-5001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24104-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24104-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WESTFIELD INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH  44251-5001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24112-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24112-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTFIELD NATIONAL INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH  44251-5001

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24120-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24120-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account** at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OLD REPUBLIC GENERAL INSURANCE CORPORATION
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-24139-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-24139-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OLD REPUBLIC INSURANCE COMPANY
P O BOX 789
GREENSBURG, PA  15601-0789

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24147-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24147-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NETHILANDS INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24171-1CT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PEERLESS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

CUSTOMER NUMBER
IDA000024198

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24198-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24198-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE
2505 COURT STREET
PEKIN, IL 61558-0001

Customer Number
IDA000024201

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24201-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PEKIN INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL  61558-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24228-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE CASUALTY INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24260-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE MAX INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH  44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24279-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et all]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROVIDENCE WASHINGTON INSURANCE COMPANY
411 5TH AVENUE, 5TH FLOOR
NEW YORK, NY 10016

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SPINNAKER INSURANCE COMPANY
221 MAIN STREET, SUITE 2
CHESTER, NJ  07930

CUSTOMER NUMBER

IDA000024376

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24376-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24376-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GENERAL CASUALTY COMPANY OF WISCONSIN
ONE GENERAL DRIVE
SUN PRAIRIE, WI  53596

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-24414-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REGENT INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-24449-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-24449-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
 WESTERN NATIONAL ASSURANCE COMPANY
 PO BOX 1463
 MINNEAPOLIS, MN 55440

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CATLIN INDEMNITY COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT  06902

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-24503-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-24503-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REPUBLIC UNDERWRITERS INSURANCE COMPANY
POST OFFICE BOX 809076
DALLAS, TX 75380-9076

Assessment Number | Assessment Description                                             | Assessment Date | Amount Due |
-------------------|--------------------------------------------------------------------|----------------|------------|
HCA20-24538-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]                        | 7/12/2019      | 200.00     |
FRA20-24538-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]          | 7/12/2019      | 1,050.00   |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
XL INSURANCE AMERICA, INC.
70 SEAVIEW AVENUE
STAMFORD, CT  06902

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
-------------------|----------------------------------------------------------------------------------------|-----------------|------------|
FRA20-24554-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARROWOOD INDEMNITY COMPANY
3600 ARCO CORPORATE DRIVE
CHARLOTTE, NC  28273

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24678-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24678-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST NATIONAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA  02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24724-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENERAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA  02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24732-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24732-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SAFECO INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA  02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24740-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24740-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SAFECO NATIONAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24759-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ST. PAUL FIRE AND MARINE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24767-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24767-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ST. PAUL GUARDIAN INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-24775-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-24775-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ST. PAUL MERCURY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

Assessment Number  Assessment Description                          Assessment Date  Amount Due
HCA20-24791-ACT    Health Care Appeals Fund [ARS § 20-2541(2)]      7/12/2019    200.00
FRA20-24791-ACT    Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019    1,050.00

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
BALBOA INSURANCE COMPANY
P.O. BOX 19702
IRVINE, CA  92623-9702

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MERITPLAN INSURANCE COMPANY
P.O. BOX 19702
IRVINE, CA  92623-9702

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24821-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24821-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  \[1,250.00\]

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEWPORT INSURANCE COMPANY
P.O. BOX 19702
IRVINE, CA  92623-9702

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-24848-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-24848-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALEA NORTH AMERICA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT  06032

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|-------------------------|-----------------|------------|
FRA20-24899-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

EVERSPAN FINANCIAL GUARANTEE CORP.
ONE STATE STREET PLAZA
NEW YORK, NY 10004

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24961-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account
at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SENTRY INSURANCE A MUTUAL COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI  54481


<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-24988-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-24988-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESCO INSURANCE COMPANY
59 MAIDEN LANE, 43RD FLOOR
NEW YORK, NY  10038

Assessment Number | Assessment Description | Assessment Date | Amount Due  
------------------|------------------------|----------------|-------------
FRA20-25011-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00    
HCA20-25011-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]           | 7/12/2019       | 200.00      

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HUDSON INSURANCE COMPANY
100 WILLIAM STREET, 5TH FLOOR
NEW YORK, NY  10038

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COAST NATIONAL INSURANCE COMPANY
900 S. PINE ISLAND RD. SUITE 600
PLANTATION, FL 33324

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-25089-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH  43215

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25127-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STATE AUTOMOBILE MUTUAL INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH  43215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25135-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**  
**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STATE FARM FIRE AND CASUALTY COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25143-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-25143-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
STATE FARM GENERAL INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-25151-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-25151-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL  61710

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-25178-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-25178-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
STILLWATER INSURANCE COMPANY
P. O. BOX 45126
JACKSONVILLE, FL  32232-5126

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25180-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et all]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EMC PROPERTY & CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA  50306-0712

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25186-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>July 12, 2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
21ST CENTURY ADVANTAGE INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE  19803-1115

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25232-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-25232-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org** OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NAU COUNTRY INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, MN 53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25240-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000025321

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-25321-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SWISS REINSURANCE AMERICA CORPORATION
175 KING STREET
ARMONK, NY 10504-1606

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-25364-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-25364-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EMPLOYERS ASSURANCE COMPANY
10375 PROFESSIONAL CIRCLE
RENO, NV  89521-4802

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25402-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SAFE AUTO INSURANCE COMPANY
4 EASTON OVAL
COLUMBUS, OH  43219

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25405-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**ARIZONA DEPARTMENT OF INSURANCE**

**July 12, 2019**

RE: ANNUAL ASSESSMENT

**ATRADIUS TRADE CREDIT INSURANCE, INC.**

230 SCHILLING CIRCLE, SUITE 240
HUNT VALLEY, MD 21031

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25422-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
IRONSHORE SPECIALTY INSURANCE COMPANY
175 BERKLEY STREET
BOSTON, MA  02116

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FSP20-25445-ACT | Financial Surveillance Fund [ARS § 20-156(G)] | 7/12/2019 | 7,500.00 |
FRA20-25445-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT 8,550.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25453-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor: Douglas A. Ducey  
Director of Insurance: Keith A. Schraad

ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT  
STARSTONE NATIONAL INSURANCE COMPANY  
HARBORSIDE FINANCIAL CENTER PLAZA 5 SUITE 2600  
JERSEY CITY, NJ 07311

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25496-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-25496-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TIG INSURANCE COMPANY
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INDEMNITY COMPANY OF CALIFORNIA
P. O. BOX 19725
IRVINE, CA  92623-9725

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------------------|------------------------|----------------|------------|
FRA20-25550-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WATFORD INSURANCE COMPANY
445 SOUTH STREET, SUITE 220, P.O. BOX 1950
MORRISTOWN, NJ  07962-1950

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25585-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-25585-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

## ARIZONA DEPARTMENT OF INSURANCE

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**CHARTER OAK FIRE INSURANCE COMPANY, THE**

**ONE TOWER SQUARE**

**HARTFORD, CT  06183**

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25615-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<table>
<thead>
<tr>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
PHOENIX INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25623-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT  06183

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF AMERICA, THE
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25666- ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25674-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25682-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-25682-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ESURANCE INSURANCE COMPANY
650 DAVIS STREET
SAN FRANCISCO, CA  94111-1904

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25712-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNIGARD INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI  53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-25747-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-25747-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PEACHTREE CASUALTY INSURANCE COMPANY
8200 BECKET PARK DRIVE, SUITE 201
WEST CHESTER, OH  45069

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25755-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WILLIAMSBURG NATIONAL INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI  48034

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SUTTON NATIONAL INSURANCE COMPANY
1855 GRIFFIN ROAD
SUITE B390
DANIA BEACH, FL 33004

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25798-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA  50306-9190

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25844-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-25879-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-25879-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED STATES FIDELITY AND GUARANTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-25887-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-25887-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED STATES LIABILITY INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA  19087-8700

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25895-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNIVERSAL SURETY COMPANY
P.O. BOX 80468
LINCOLN, NE 68501

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-25933-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED SERVICES AUTOMOBILE ASSOCIATION
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX  78288

CUSTOMER NUMBER
IDA000025941

Assessment Number | Assessment Description | Assessment Date | Amount Due
---|---|---|---
FRA20-25941-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
USAA CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX  78288

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UTICA MUTUAL INSURANCE COMPANY
POST OFFICE BOX 530
UTICA, NY  13503-0530

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-25976-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-25976-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WAUSAU UNDERWRITERS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26042-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-26042-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
RESPONSE WORLDWIDE INSURANCE COMPANY
200 EAST RANDOLPH STREET
CHICAGO, IL 60601

Assessment
Number
Assessment Description
FRA20-26050-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment
Date
Amount Due
7/12/2019 1,050.00

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WAUSAU BUSINESS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26069-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LANCER INSURANCE COMPANY
P.O. BOX 9004
LONG BEACH, NY  11561-9004

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26077-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WARNER INSURANCE COMPANY
200 EAST RANDOLPH STREET,
CHICAGO, IL 60601

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|-----------------------------------------------------------------------------------------|-----------------|------------|
FRA20-26093-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                | 7/12/2019       | 1,050.00   |
HCA20-26093-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                                              | 7/12/2019       | 200.00     |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN MILLENNIUM INSURANCE COMPANY
1011 ROUTE 22 WEST
BRIDGEWATER, NJ  08807

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26140-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
YOSEMITE INSURANCE COMPANY
475 KILVERT STREET
SUITE 330
WARWICK, RI  02886

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-26220-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-26220-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**

1299 ZURICH WAY, 5TH FLOOR

SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-26247-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-26247-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COM
PO BOX 350, 700 QUAKER LANE
WARWICK, RI  02887-0350

Assessment
Number
FRA20-26298-ACT

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment Date
7/12/2019

Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):
A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SELECTIVE WAY INSURANCE COMPANY
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26301-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GRANITE RE, INC.
14001 QUAILBROOK DRIVE
OKLAHOMA CITY, OK 73134

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT AMERICAN ASSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH 45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26344-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACCREDED SURETY AND CASUALTY COMPANY, INC.
PO BOX 140855
ORLANDO, FL  32814

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-26379-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-26379-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN HOME INSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN  55440

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26395-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HARCO NATIONAL INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC  27605-0800

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26433-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COURTESY INSURANCE COMPANY
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-26492-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

OHIO INDEMNITY COMPANY
250 E. BROAD 7TH FLOOR
COLUMBUS, OH 43215-0000

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26565-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INDEPENDENCE AMERICAN INSURANCE COMPANY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY  10022-5872

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-26581-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-26581-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**ARIZONA DEPARTMENT OF INSURANCE**

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**
BLACKBOARD INSURANCE COMPANY
600 COLLEGE ROAD EAST, SUITE 3500
PRINCETON, NY  08540

---

**CUSTOMER NUMBER**

IDA000026611

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-26611-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-26611-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT NORTHWEST INSURANCE COMPANY
445 MINNESOTA STREET, SUITE 730
ST. PAUL, MN  55101

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26654-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MILFORD CASUALTY INSURANCE COMPANY
P.O. BOX 650771
DALLAS, TX 75265-0771

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-26662-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CASUALTY UNDERWRITERS INSURANCE COMPANY
PO BOX 9510
WICHITA, KS 67277

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26697-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF ILLINOIS
175 BERKELEY STREET
BOSTON, MA  02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26700-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-26700-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PLANS’ LIABILITY INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL  60181

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26794-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT AMERICAN ALLIANCE INSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH  45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26832-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTURY-NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC  27102-3199

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-26905-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EVEREST REINSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ 07938-0830

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-26921-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-26921-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BOND SAFEGUARD INSURANCE COMPANY
10002 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY 40223-2979

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27081-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
YOUNG AMERICA INSURANCE COMPANY
1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936-4117

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27090-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRUMBULL INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-27120-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-27120-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MIDVALE INDEMNITY COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-27138-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-27138-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
ATLANTIC SPECIALTY INSURANCE COMPANY
605 HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN  55441

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-27154-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-27154-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PMI MORTGAGE INSURANCE CO.
2025 NORTH THIRD STREET, SUITE 260
PHOENIX, AZ  85004-1487

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-27251-REH</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
7,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY
P. O. BOX M
SAN MATEO, CA  94402-0080

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27464-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SOUTHWEST GENERAL INSURANCE COMPANY
P.O. BOX 1377
GALLUP, NM  87305

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27499-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN GENERAL INSURANCE COMPANY
5230 LAS VIRGENES ROAD SUITE 100
CALABASAS, CA 91302

Assessment Number | Assessment Description | Assessment Date | Amount Due
FRA20-27502-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRSTCOMP INSURANCE COMPANY
TEN PARKWAY NORTH
DEERFIELD, NE  60015

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27626-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NORTH POINTE INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI  53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27740-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE WEST INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH  44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27804-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COLUMBIA INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-27812-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-27812-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE WEST
P.O. BOX 509039
SAN DIEGO, CA  92150

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-27847-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-27855-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-27855-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN AGRICULTURAL INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA  50266-5997

CUSTOMER NUMBER

WESTERN AGRICULTURAL INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA  50266-5997

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27871-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-27871-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMEX ASSURANCE COMPANY
PO BOX 53701
PHOENIX, AZ  85072-9872

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27928-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-27928-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INNSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL INSURANCE ASSOCIATION
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27944-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**Arizona Department of Insurance**  
**Notice of Assessment**

July 12, 2019

**Re:** Annual Assessment  
Travelers Home and Marine Insurance Company, The  
One Tower Square  
Hartford, CT 06183

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-27998-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount:** 1,050.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **Total Assessment Amount** by one of the following methods (A or B):

**A:** Pay easily online using your OPTins Assessment account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**Insurance Department Assessment**
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
ROCKHILL INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH  43215

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-28053-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>4,500.00</td>
</tr>
<tr>
<td>HCA20-28053-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-28053-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 5,750.00
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVCO INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28188-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ANTHEM INSURANCE COMPANIES, INC.
220 VIRGINIA AVENUE
INDIANAPOLIS, IN  46204

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28207-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-28207-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL AGRIBUSINESS INSURANCE COMPANY
ONE WEST NATIONALWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CREATION NUMBER
IDA000028223

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment Date
7/12/2019

Amount Due
1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28258-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statues Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FEDERATED SERVICE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN  55060

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-28304-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-28304-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GATEWAY INSURANCE COMPANY
953 AMERICAN LANE, 3RD FLOOR
SCHAUMBURG, IL  60173

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO 65809-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-28401-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-28401-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**July 12, 2019**

RE: ANNUAL ASSESSMENT  
Sentry Casualty Company  
1800 North Point Drive  
Stevens Point, WI 54481

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-28460-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-28460-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

Insurence Department Assessment  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
USPLATE GLASS INSURANCE COMPANY
ONE WESTBROOK CORPORATE CENTER, SUITE 320
WESTCHESTER, IL  60154

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28497-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
EASTERN ATLANTIC INSURANCE COMPANY
5300 DERRY STREET
HARRISBURG, PA  17111-3598

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28649-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CINCINNATI CASUALTY COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH  45250-5496

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-28665-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-28665-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EQUITY INSURANCE COMPANY
4315 LAKE SHORE DR STE J
WACO, TX  76710-1970

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28746-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CLEAR BLUE INSURANCE COMPANY
B-7 TABONUCO STREET SUITE 912
GUAYNABO, PR  00968

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28860-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
702 OBERLIN ROAD
RALEIGH, NC  27605

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-28886-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MARKEL AMERICAN INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060

Assessment Number | Assessment Description                      | Assessment Date | Amount Due |
-------------------|---------------------------------------------|----------------|------------|
FRA20-28932-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** |     |
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PROFESSIONALS ADVOCATE INSURANCE COMPANY
225 INTERNATIONAL CIRCLE
HUNT VALLEY, MD 21030

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29017-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

**ATAIN INSURANCE COMPANY**

30833 NORTHWESTERN HWY., SUITE 220

FARMINGTON HILLS, MI  48334-2582

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-29033-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-29033-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
IDS PROPERTY CASUALTY INSURANCE COMPANY
3500 PACKERLAND DRIVE
DE PERE, WI  54115-9070

CUSTOMER NUMBER

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29068-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-29068-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE ASSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, CA  27420

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29114-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED WISCONSIN INSURANCE COMPANY
P.O. BOX 3026
MILWAUKEE, WI  53201-3026

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29157-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-29157-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD CASUALTY INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29424-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-29424-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY
PO BOX 1348
LARAMIE, WY 82070

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29440-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TWIN CITY FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT  06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-29459-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-29459-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

## Notice of Assessment

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**BAR PLAN MUTUAL INSURANCE COMPANY, THE**

1717 HIDDEN CREEK COURT

ST. LOUIS, MO  63131-1826

---

**CUSTOMER NUMBER**

**IDA000029513**

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29513-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AXA ART INSURANCE CORPORATION
3 WEST 35TH STREET
NEW YORK, NY  10001-2204

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29530-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BERKLEY REGIONAL INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA  50306-9190

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29580-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
U.S. SPECIALTY INSURANCE COMPANY
13403 NORTHWEST FREEWAY
HOUSTON, TX  77040

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-29599-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-29599-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29688-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-29688-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NORTH AMERICAN ELITE INSURANCE COMPANY
1200 MAIN STREET, SUITE 800
KANSAS CITY, MO  64105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29700-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-29700-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ATTACHMENT

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INTEGON NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29742-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC STAR INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA 92150-9020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29793-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MORTGAGE GUARANTY INSURANCE CORPORATION
P.O. BOX 756
MILWAUKEE, WI  53201

ID A000029858

**CUSTOMER NUMBER**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29858-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NORTH AMERICAN SPECIALTY INSURANCE COMPANY
1200 MAIN STREET, SUITE 800
KANSAS CITY, MO  64105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29874-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-29874-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:**  PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE
ONE STATE STREET, P.O. BOX 299
HARTFORD, CT 06141-0299

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29890-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST COLONIAL INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL  32224-6688

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29980-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UPPER HUDSON NATIONAL INSURANCE COMPANY
4446 STATE ROUTE 42, SUITE B
MONTICELLO, NY  12701

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-29998-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. #102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# ARIZONA DEPARTMENT OF INSURANCE

## NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

**SCOR REINSURANCE COMPANY**

199 WATER STREET, SUITE 2100

NEW YORK, NY 10038-3526

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30058-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD UNDERWRITERS INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT  06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30104-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-30104-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT  
ZNAT INSURANCE COMPANY  
21255 CALIFA STREET  
WOODLAND HILLS, CA  91367

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30120-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ASSURED GUARANTY CORP.
1633 BROADWAY
NEW YORK, NY 10019

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30180-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY
650 DAVIS STREET
SAN FRANCISCO, CA  94111-1904

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30210-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Please enter your CUSTOMER NUMBER on your payment.

IDA000030210
## NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BOSTON INDEMNITY COMPANY, INC.
PO BOX 6
FLORHAM PARK, MA 07932

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30279-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ZALE INDEMNITY COMPANY
P.O. BOX 152762
IRVING, TX  75015-2762

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30325-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARCH INDEMNITY INSURANCE COMPANY
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300
JERSEY CITY, NJ  07311-1107

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30830-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RADIAN MORTGAGE ASSURANCE INC.
1500 MARKET STREET
PHILADELPHIA, PA  19102

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30872-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PLAZA INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-30945-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TRI-STATE INSURANCE COMPANY OF MINNESOTA
PO BOX 9190
DES MOINES, IA  50306-9190

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-31003-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-31003-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org** OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
REPWEST INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ  85004-1163

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FSF20-31089-ACT | Financial Surveillance Fund [ARS § 20-156(G)] | 7/12/2019 | 7,500.00
HCA20-31089-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00
FRA20-31089-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT: 8,750.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEDICO INSURANCE COMPANY
PO BOX 10386
DES MOINES, IA  50306-0386

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-31119-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-31119-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT AMERICAN SECURITY INSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH  45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31135-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-31194-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-31194-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OAKWOOD INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT  06033-5018

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account
at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-31208-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-31208-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>
July 12, 2019

RE: ANNUAL ASSESSMENT

WORK FIRST CASUALTY COMPANY
1100 EAST 6600 SOUTH, SUITE 260
SALT LAKE CITY, UT  84121

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31232-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ACADIA INSURANCE COMPANY
P.O. BOX 9010
WESTBROOK, ME  04098-5010

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31325-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CRUM & FORSTER INDEMNITY COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 07960

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31348-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN SURETY COMPANY
250 EAST 96TH STREET, SUITE 202
INDIANAPOLIS, IN 46240

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31380-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FINANCIAL PACIFIC INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA  52407-3909

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31453-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTE OF ASSESSMENT**

**Douglas A. Ducey**
Governor

**Keith A. Schraad**
Director of Insurance

**ARIZONA DEPARTMENT OF INSURANCE**

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**NORGUARD INSURANCE COMPANY**

PO BOX AH

WILKES BARRE, PA  18703-0020

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31470-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-31470-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CITIZENS INSURANCE COMPANY OF AMERICA
440 LINCOLN STREET
WORCESTER, MA  01653-0002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31534-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HAULERS INSURANCE COMPANY, INC.
P.O. BOX 270
COLUMBIA, TN  38402-0270

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31550-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COFACE NORTH AMERICA INSURANCE COMPANY
50 MILLSTONE ROAD; BLDG100; SUITE 360
EAST WINDSOR, NJ  08520-1419

Assessment Number | Assessment Description | Assessment Date | Amount Due
FR20-31887-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN INTERSTATE INSURANCE COMPANY
2301 HIGHWAY 190 WEST
DERIDDER, LA  70634-6005

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-31895-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FALLS LAKE NATIONAL INSURANCE COMPANY
6131 FALLS OF NEUSE RD., SUITE 306
RALEIGH, NC  27609

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MERASTAR INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL  60601

<table>
<thead>
<tr>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HERITAGE CASUALTY INSURANCE COMPANY
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS  66210-2082

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32077-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-32077-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REPUBLIC MORTGAGE ASSURANCE COMPANY
P.O. BOX 2514
WINSTON-SALEM, NC  27102

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32174-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**  
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT  
CONSTITUTION INSURANCE COMPANY  
PO BOX 8424  
OMAHA, NE  68108-0424

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-32190-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-32190-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**  
**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:  
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
21ST CENTURY NORTH AMERICA INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-32220-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-32220-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WELLFLEET INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN  46835-3568

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32280-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-32280-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

TNUS INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA  19004-1403

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32301-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-32301-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LM PROPERTY AND CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32352-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-32352-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STAR CASUALTY INSURANCE COMPANY
P.O.BOX 451037
MIAMI, FL  33245-1037

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32387-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEDICAL INSURANCE EXCHANGE OF CALIFORNIA
6250 CLAREMONT AVENUE
OAKLAND, CA 94618-1324

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALPS PROPERTY & CASUALTY INSURANCE COMPANY
111 NORTH HIGGINS AVENUE, SUITE 600
MISSOULA, MT  59802

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32450-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MONROE GUARANTY INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32506-ACT</td>
<td>Fraud Unit Assessment</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BERKLEY INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT  06830

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-32603-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-32603-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

**For questions concerning this assessment, call us at 602-364-2459.**

# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**NATIONAL INTERSTATE INSURANCE COMPANY**

3250 INTERSTATE DRIVE

RICHFIELD, OH 44286

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32620-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

---

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI  48909-8160

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32700-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WASHINGTON INTERNATIONAL INSURANCE COMPANY
1200 MAIN STREET, SUITE 800
KANSAS CITY, KS  64105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA20-32778-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td>FRA20-32778-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE SPECIALTY INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-32786-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | | | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**Notice of Assessment**

**July 12, 2019**

RE: ANNUAL ASSESSMENT  
MUTUAL INSURANCE COMPANY OF ARIZONA  
2602 EAST THOMAS ROAD  
PHOENIX, AZ 85016-8202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-32832-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>FRA20-32832-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
23,550.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PENN-AMERICA INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA  19004-3406

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32859-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
3214 CHICAGO DRIVE
HUDSONVILLE, MI  49426

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32867-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ISMIE MUTUAL INSURANCE COMPANY
20 NORTH MICHIGAN AVENUE
CHICAGO, IL  60602-4811

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-32921-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSPORT INSURANCE COMPANY
2 LOGAN SQUARE, SUITE 600
PHILADELPHIA, PA  19103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33014-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-33014-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AXA INSURANCE COMPANY
200 LIBERTY STREET, 22ND FLOOR
NEW YORK, NY 10281

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33022-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-33022-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL  33733

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33162-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NORCAL MUTUAL INSURANCE COMPANY
P.O. BOX 2080
MECHANICSBURG, PA  17055

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33200-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST PROFESSIONALS INSURANCE COMPANY, INC.
1301 N. HAGADORN ROAD
EAST LANSING, FL  48823

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-33383-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROASSURANCE INDEMNITY COMPANY, INC.
PO BOX 590009
BIRMINGHAM, AL  35259-0009

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33391-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CLERMONT INSURANCE COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ  07070

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33480-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DORINCO REINSURANCE COMPANY
1320 WALDO AVENUE, SUITE 200
MIDLAND, MI 48642

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-33499-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST LIBERTY INSURANCE CORPORATION, THE
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33588-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-33588-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LM INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA  02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33600-ACT</td>
<td>Fraud Unit Assessment</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-33600-ACT</td>
<td>Health Care Appeals</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MENDOTA INSURANCE COMPANY
150 PIERCE ROAD, SUITE 600
ITASCA, MN  60143-1222

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33650-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REPUBLIC CREDIT INDEMNITY COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL  60601

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33715-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT AMERICAN SPIRIT INSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH  45202

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33723-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-33723-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
RADIAN GUARANTY INC.
1500 MARKET STREET
PHILADELPHIA, PA 19102

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-33790-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AEGIS SECURITY INSURANCE COMPANY
P.O. BOX 3153
HARRISBURG, PA 17105

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-33898-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                              | 7/12/2019      | 1,050.00   |
HCA20-33898-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                                            | 7/12/2019      | 200.00     |

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

### PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

### OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

### For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TRANS CITY CASUALTY INSURANCE COMPANY
7500 E. MCDONALD DR., SUITE 700
SCOTTSDALE, AZ 85250-6055

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34002-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-34002-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,425.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HALLMARK INSURANCE COMPANY
777 MAIN STREET SUITE 1000
FORT WORTH, TX 76102

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-34037-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
<tr>
<td>FRA20-34037-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-34037-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 8,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTRAL STATES INDEMNITY CO. OF OMAHA
P.O. BOX 34888
OMAHA, NE  68134

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-34274-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-34274-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRODUCERS AGRICULTURE INSURANCE COMPANY
2025 SOUTH HUGHES
AMARILLO, TX  79109

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34312-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE
PO BOX 350, 700 QUAKER LANE
WARWICK, RI  02887-0350

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34339-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34347-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MAIDSTONE INSURANCE COMPANY
155 MINEOLA BOULEVARD
MINEOLA, NY  11501

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34460-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DOCTORS’ COMPANY, AN INTERINSURANCE EXCHANGE, THE
PO BOX 2900
NAPA, CA  94558

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34495-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-34495-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

Please enter your CUSTOMER NUMBER on your payment.

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST AMERICAN SPECIALTY INSURANCE COMPANY
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34525-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OAK RIVER INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE  68102-1944

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34630-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTRE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST
NEW YORK, NY  10007-2366

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34649-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-34649-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF
ONE HARTFORD PLAZA
HARTFORD, CT  06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34690-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-34690-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DIGITAL ADVANTAGE INSURANCE COMPANY
76 ST. PAUL STREET, STE 500
BURLINGTON, VT 05401

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-34711-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-34711-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT  
ARAG INSURANCE COMPANY  
500 GRAND AVENUE, SUITE 100  
DES MOINES, IA  50309

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34738-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**SUNZ INSURANCE COMPANY**

1301 6TH AVENUE WEST

BRADENTON, FL 34205

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34762-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
21ST CENTURY CENTENNIAL INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE  19803-1115

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34789-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-34789-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRENWICK AMERICA REINSURANCE CORPORATION
40 RICHARDS AVENUE
NORWALK, CT 06854

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34894-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

DAKOTA TRUCK UNDERWRITERS
PO BOX 89310
SIOUX FALLS, SD  57109-9310

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-34924-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FINANCIAL CASUALTY & SURETY, INC.
3131 EASTSIDE, SUITE 600
HOUSTON, TX 77098

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35009-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR  
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EXECUTIVE RISK INDEMNITY INC.
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 08889

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | -----
FRA20-35181-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**PAY the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE  68103-0646

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL INSURANCE COMPANY, THE
151 NORTH FRANKLIN STREET
CHICAGO, IL  60606

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35289-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-35289-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

Total Assessment Amount: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
HAZON DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLIANZ GLOBAL RISKS US INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL  60606-3484

Customer Number

IDAO000035300

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35300-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED AUTOMOBILE INSURANCE COMPANY
1313 NORTH WEST 167TH STREET
MIAMI GARDENS, FL  33169

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:  
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35319-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

|                     | 1,050.00 |

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35386-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
IMPERIUM INSURANCE COMPANY
800 GESSNER, SUITE 600
HOUSTON, TX 77024

Assessment Number | Assessment Description | Assessment Date | Amount Due
FRA20-35408-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-35408-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
U.S. UNDERWRITERS INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA 19087-8700

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35416-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OLD REPUBLIC SECURITY ASSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL  60601

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
DAILY UNDERWRITERS OF AMERICA
P.O. BOX 39
CARLISLE, PA  17013

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35483-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-35483-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ROCKWOOD CASUALTY INSURANCE COMPANY
654 MAIN STREET
ROCKWOOD, PA 15557

Assessment
Number
FRA20-35505-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OHIC INSURANCE COMPANY
300 EAST BROAD STREET, #450
COLUMBUS, OH 43215

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROTECTIVE PROPERTY & CASUALTY INSURANCE COMPANY
14755 NORTH OUTER FORTY RD., SUITE 400
ST. LOUIS, MO  63017

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35769-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-35769-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GEICO GENERAL INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC  20076-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35882-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-35882-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF

P. O. BOX M

SAN MATEO, CA  94402-0080

Customer Number

IDA000035955

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-35955-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HANOVER AMERICAN INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA  01653-0002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36064-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36137-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

IN疑惑 DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

TRADELS PERSONAL SECURITY INSURANCE COMPANY

ONE TOWER SQUARE

HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36145-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AETNA INSURANCE COMPANY OF CONNECTICUT
151 FARMINGTON AVENUE, RT21
HARTFORD, CT  06156

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36153-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

Assessment
Number
FRA20-36161-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY OF CONNECTICUT
ONE TOWER SQUARE
HARTFORD, CT  06183

CUSTOMER NUMBER
IDA000036170

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment Date
7/12/2019

Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED CASUALTY AND SURETY INSURANCE COMPANY
333 NEWBURY STREET
2ND FLOOR
BOSTON, MA 02115

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36226-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PREFERRED PROFESSIONAL INSURANCE COMPANY
PO BOX 540658
OMAHA, NE  68154-0658

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36234-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TITAN INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36269-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GRAY INSURANCE COMPANY, THE
P.O. BOX 6202
METAIRIE, LA  70009-6202

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAMICO MUTUAL INSURANCE COMPANY
1800 GATEWAY DRIVE, SUITE 300
SAN MATEO, CA 94404

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36340-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LM GENERAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36447-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-36447-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE NORTHBROOK INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

Assessment Number | Assessment Description                                      | Assessment Date | Amount Due |
-------------------|------------------------------------------------------------|----------------|------------|
FRA20-36455-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]   | 7/12/2019      | 1,050.00   |
HCA20-36455-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]                | 7/12/2019      | 200.00     |

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36463-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-36463-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COLISEUM REINSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY  10004

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36552-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SERVICE INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC  27605-0800

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36560-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION
695 ATLANTIC AVENUE
BOSTON, MA 02111

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36587-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-36587-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUARANTEE COMPANY OF NORTH AMERICA USA, THE
ONE TOWNE SQUARE, SUITE 1470
SOUTHFIELD, MI  48076-3725

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36650-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RIVERPORT INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA  50306-9190

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36684-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-36684-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FMH AG RISK INSURANCE COMPANY
6785 WESTOWN PARKWAY
WEST DES MOINES, IA  50266

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36781-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-36781-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MANUFACTURERS ALLIANCE INSURANCE COMPANY
P. O. BOX 3031
BLUE BELL, PA  19422-0754

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-36897-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-36897-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COLONY SPECIALTY INSURANCE COMPANY
P.O. BOX 469012
SAN ANTONIO, TX  78246

IDA000036927

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment Date
7/12/2019

Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CENTURY SURETY COMPANY
550 POLARIS PARKWAY
WESTERVILLE, OH 43082

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|-----------|
FRA20-36951-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WINDHAVEN NATIONAL INSURANCE COMPANY
3155 NW 7TH AVENUE
MIAMI, FL  33122

CUSTOMER NUMBER

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37001-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
OLD UNITED CASUALTY COMPANY
POST OFFICE BOX 795
SHAWNEE MISSION, KS  66201

CUSTOMER NUMBER
IDA000037060

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37060-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-37060-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GENWORTH FINANCIAL ASSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC  27615

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37095-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LANDCAR CASUALTY COMPANY
351 WEST OPPORTUNITY WAY, SUITE 220
DRAPER, UT  84020

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37109-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ASSESSMENT AMOUNT</td>
<td></td>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CONTRACTORS BONDING AND INSURANCE COMPANY
9025 N. LINDBERGH DRIVE
PEORIA, IL  61615

Assessment Number | Assessment Description | Assessment Date | Amount Due
---|---|---|---
FRA20-37206-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN STATES PREFERRED INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37214-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

PRAETORIAN INSURANCE COMPANY

ONE GENERAL DRIVE
SUN PRAIRIE, WI  53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37257-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-37257-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AXIS INSURANCE COMPANY
11680 GREAT OAKS WAY, STE. 500
ALPHARETTA, GA  30022

**CUSTOMER NUMBER**
IDA000037273

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37273-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-37273-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **$1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE MIDWEST
ONE HARTFORD PLAZA
HARTFORD, CT  06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37478-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BEAZLEY INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 06032

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37540-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-37540-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TOYOTA MOTOR INSURANCE COMPANY
6565 HEADQUARTERS DR, W2-4D
PLANO, TX  75024

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION
P.O. BOX 305054
NASHVILLE, TN  37230-5054

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37648-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMP
4 FIRST AMERICAN WAY
SANTA ANA, CA  92707

CUSTOMER NUMBER
IDA000037710

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37710-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CSAA GENERAL INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, CA 94597

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37770-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)
400 KELBY STREET, 15TH FLOOR
FORT LEE, NJ 07024

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37800-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE PREFERRED INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH  44101-6490

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-37834-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC SPECIALTY INSURANCE COMPANY
2200 GENG ROAD, SUITE 200
PALO ALTO, CA  94303

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37850-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRE-PAID LEGAL CASUALTY, INC.
P.O. BOX 145
ADA, OK 74821

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37869-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37877-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-37877-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**XL SPECIALTY INSURANCE COMPANY**

70 SEA VIEW AVENUE

STAMFORD, CT  06902

---

**CUSTOMER NUMBER**

IDA000037885

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37885-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37907-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-37907-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
ESSENTIA INSURANCE COMPANY
TEN PARKWAY NORTH
DEERFIELD, IL  60015

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37915-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GEICO MARINE INSURANCE COMPANY
880 SOUTH PICKETT STREET
ALEXANDRIA, VA  22304-4606

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|-----------------------------------------------------------------------------------------|----------------|------------|
FRA20-37923-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                | 7/12/2019      | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
YCI, INC.
P.O. BOX 24000
OKLAHOMA CITY, OK 73124-4000

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37931-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-37931-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LEXINGTON NATIONAL INSURANCE CORPORATION
P.O. BOX 6098
LUTHERVILLE, MD  21094

ID A000037940

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37940-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN EMPIRE INSURANCE COMPANY
P.O. BOX 5370
CINCINNATI, OH 45201

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-37990-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ECONOMY PREFERRED INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

TRAVELERS PERSONAL INSURANCE COMPANY

ONE TOWER SQUARE

HARTFORD, CT 06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38130-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LANCER INDEMNITY COMPANY
P.O. BOX 9007
LONG BEACH, NY  11561-9007

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38148-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38148-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALPHA PROPERTY & CASUALTY INSURANCE COMPANY
POST OFFICE BOX 223687
DALLAS, TX  75222-3687

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38156-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

BCS INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL  60181

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE SOUTHEAST
ONE HARTFORD PLAZA
HARTFORD, CT  06155

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38261-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF ILLINOIS
ONE HARTFORD PLAZA
HARTFORD, CT  06155

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38288-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH
105 CHALLENGER ROAD, 5TH FLOOR
RIDGEFIELD PARK, NJ  07660

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38300-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STARR INDEMNITY & LIABILITY COMPANY
399 PARK AVENUE, 8TH FLOOR
NEW YORK, NY 10022

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38318-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38318-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENWORTH MORTGAGE INSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC  27615

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38458-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARIZONA HOME INSURANCE COMPANY
P.O. BOX 61775
PHOENIX, AZ  85082

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-38490-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
<tr>
<td>FRA20-38490-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  **1,800.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RAMPART INSURANCE COMPANY
1880 JFK BLVD, SUITE 801
PHILADELPHIA, NY 19103-7443

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|----------------------------------------------------------------------------------------|-----------------|------------|
FRA20-38512-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                               | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account
   at OPTins.org

   OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

   INSURANCE DEPARTMENT ASSESSMENT
   100 N. 15th Ave. # 102
   Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MIC PROPERTY AND CASUALTY INSURANCE CORPORATION
500 WOODWARD AVE, 14TH FLOOR
DETROIT, MI  48226

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38601-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE NORTHERN INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH  44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38628-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PARTNER REINSURANCE COMPANY OF THE U.S.
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 06902

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38636-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38636-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN MODERN SELECT INSURANCE COMPANY

P.O. BOX 5323

CINCINNATI, OH  45201-5323

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38652-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MIC GENERAL INSURANCE CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC  27102-3199

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38660-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38660-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
ANCHORAGE, AK 99502

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38733-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SIRIUS AMERICA INSURANCE COMPANY
140 BROADWAY - 32ND FLOOR
NEW YORK, NY  10005-108

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38776-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38776-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE** using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CALIFORNIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE  68103-0646

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38865-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38865-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
INFINITY SECURITY INSURANCE COMPANY
POST OFFICE BOX 830189
BIRMINGHAM, AL  35283-0189

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38873-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BERKLEY NATIONAL INSURANCE COMPANY
PO BOX 9190
DES MOINES, ILL. 50306-9190

CUSTOMER NUMBER
IDA000038911

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38911-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38911-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org** OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GENESIS INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT  06902-1843

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38962-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38962-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MARKEL INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA  23060

CUSTOMER NUMBER

IDA000038970

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-38970-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-38970-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SOMPO AMERICA FIRE & MARINE INSURANCE COMPANY
11405 NORTH COMMUNITY HOUSE RD, STE 600
CHARLOTTE, NC  28277

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SAFECO INSURANCE COMPANY OF ILLINOIS
175 BERKELEY STREET
BOSTON, MA  02116

Assessment Number  Assessment Description  Assessment Date  Amount Due
FRA20-39012-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
RURAL COMMUNITY INSURANCE COMPANY
3501 THURSTON AVENUE
ANOKA, MN 55303

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39039-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OMNI INSURANCE COMPANY
1400 UNION MEETING RD., SUITE 250
BLUE BELL, PA  19422

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SERVICE AMERICAN INDEMNITY COMPANY
6907 NORTH CAPITAL OF TEXAS HIGHWAY, SUITE 370
AUSTIN, TX  78731

CUSTOMER NUMBER
IDA000039152

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39152-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
QBE INSURANCE CORPORATION
ONE GENERAL DRIVE
SUN PRAIRIE, WI  53596

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39217-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-39217-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

|                  |                                                                      | 1,250.00       |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39306-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENERAL SECURITY NATIONAL INSURANCE COMPANY
199 WATER STREET, SUITE 2100
NEW YORK, NY 10038-3526

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39322-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-39322-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HERITAGE INDEMNITY COMPANY
PO BOX 19725
IRVINE, CA  92623-9725

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39527-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL HERITAGE INSURANCE COMPANY
6140 PARKLAND BLVD, STE 321
MAYFIELD HEIGHTS, OH  44124

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39551-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

## ARIZONA DEPARTMENT OF INSURANCE

July 12, 2019

RE: ANNUAL ASSESSMENT

NUTMEG INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39608-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-39608-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
VISION SERVICE PLAN INSURANCE COMPANY
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39616-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-39616-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTPORT INSURANCE CORPORATION
1200 MAIN STREET, SUITE 800
KANSAS CITY, KS  64105

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39845-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-39845-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GOLDEN BEAR INSURANCE COMPANY
P. O. BOX 271
STOCKTON, CA  95201

Customer Number

GOLDEN BEAR INSURANCE COMPANY
P. O. BOX 271
STOCKTON, CA  95201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39861-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST
40 WANTAGE AVENUE
BRANCHVILLE, NJ  07890

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39926-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL GENERAL INSURANCE COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO  65899-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39942-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
METROPOLITAN GENERAL INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI  02887-0350

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-39950-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ANCHOR GENERAL INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA  92150-9020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40010-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EXPLORER INSURANCE COMPANY
P.O. BOX 509039
SAN DIEGO, CA  92150

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
STARNET INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA  50306-9190

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40045-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-40045-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN ZURICH INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40142-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-40142-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MGA INSURANCE COMPANY, INC.
POST OFFICE BOX 199023
DALLAS, TX  75219-9023

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-40150-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
METROPOLITAN CASUALTY INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-40169-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

**For questions concerning this assessment, call us at 602-364-2459.**

**NOTICE OF ASSESSMENT**

**ARIZONA DEPARTMENT OF INSURANCE**

July 12, 2019

RE: ANNUAL ASSESSMENT

**XL INSURANCE COMPANY OF NEW YORK, INC.**

70 SEAVIEW AVENUE

STAMFORD, CT  06902

---

**CUSTOMER NUMBER**

IDA000040193

**Assessment Description**

- Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

**Assessment Date**

7/12/2019

**Amount Due**

1,050.00

---

**TOTAL ASSESSMENT AMOUNT**

1,050.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

---

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
AIG ASSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY  10038

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40258-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, CA  27420

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40266-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40282-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
</tr>
<tr>
<td>HCA20-40282-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
</tr>
</tbody>
</table>

**Assessment Date**: 7/12/2019

<table>
<thead>
<tr>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,050.00</td>
</tr>
<tr>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PIONEER SPECIALTY INSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN  55440

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40312-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
COLUMBIA MUTUAL INSURANCE COMPANY
P.O. BOX 618
COLUMBIA, MO  65205

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40371-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

| Amount | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**Governor**
Douglas A. Ducey  
**Director of Insurance**
Keith A. Schraad  

**ARIZONA DEPARTMENT OF INSURANCE**

**RE: ANNUAL ASSESSMENT**
ASHMERE INSURANCE COMPANY  
401 E. LAS OLAS BLVD., SUITE 1540  
FORT LAUDERDALE, FL 33301

---

**CUSTOMER NUMBER**  
IDA000040398

---

**Assessment Number** | **Assessment Description** | **Assessment Date** | **Amount Due**  
--- | --- | --- | ---  
FRA20-40398-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00  
HCA20-40398-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00  
**TOTAL ASSESSMENT AMOUNT** | | | **1,250.00**

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

---

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
STRATFORD INSURANCE COMPANY
300 KIMBALL DRIVE, SUITE 500
PARSIPPANY, NJ  07054

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40436-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OLD REPUBLIC SURETY COMPANY
PO BOX 1635
MILWAUKEE, WI  53201-1635

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40444-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SAGAMORE INSURANCE COMPANY
111 CONGRESSIONAL BLVD., SUITE 500
CARMEL, IN  46032

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40460-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-40460-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# Notice of Assessment

**July 12, 2019**

**RE: Annual Assessment**

**Republic-Vanguard Insurance Company**

POST OFFICE BOX 809076

DALLAS, TX  75380-9076

---

**CUSTOMER NUMBER**

IDA000040479

---

### Assessment Description

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40479-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-40479-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,800.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ADVANTAGE WORKERS COMPENSATION INSURANCE COMPA
P. O. BOX 571918
SALT LAKE CITY, UT  84157-1918

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40517-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED GUARANTY CREDIT INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC  27420

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40525-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ECONOMY PREMIER ASSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI  02887-0350

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-40649-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITRIN SAFEGUARD INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40703-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, IN
307 NORTH MICHIGAN AVENUE
CHICAGO, IL  60601

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40789-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
VIRGINIA SURETY COMPANY, INC.
175 W. JACKSON
CHICAGO, IL  60604

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40827-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-40827-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40843-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
DENTISTS INSURANCE COMPANY, THE
P.O. BOX 1582
SACRAMENTO, CA  95812-1582

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-40975-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TDC NATIONAL ASSURANCE COMPANY
PO BOX 2900
NAPA, CA  94558

Assessment Number | Assessment Description | Assessment Date | Amount Due  
-----------------|------------------------|----------------|------------
FRA20-41050-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRIUMPH CASUALTY COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OH  44286

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41106-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL  60196-1056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41181-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41181-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRITON INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76113

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41211-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41211-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANS PACIFIC INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNYWD, PA  19004-1403

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41238-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SCOTTSDALE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

### Table: Assessment Details

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41297-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00
July 12, 2019

RE: ANNUAL ASSESSMENT
CITY NATIONAL INSURANCE COMPANY
1900 L. DON DODSON DR.
BEDFORD, TX  76021

Assessment
Number
FRA20-41335-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment
Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
HDI GLOBAL INSURANCE COMPANY
161 N. CLARK STREET - 48TH FLOOR
CHICAGO, IL  60601

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41343-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41343-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**BENCHMARK INSURANCE COMPANY**

150 LAKE STREET WEST  
WAYZATA, MN  55391

**CUSTOMER NUMBER**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41394-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41394-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
P. O. BOX 3031
BLUE BELL, PA  19422-0754

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41424-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41424-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ARMED FORCES INSURANCE EXCHANGE
550 EISENHOWER ROAD
LEAVENWORTH, KS  66048

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-41459-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FARMINGTON CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41483-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41483-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GEICO CASUALTY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC  20076-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41491-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FOREMOST SIGNATURE INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41513-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41513-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
RED SHIELD INSURANCE COMPANY
P.O. BOX 3736
SEATTLE, OR 98124-3736

CUSTOMER NUMBER

IDA000041580

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41580-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NEW ENGLAND REINSURANCE CORPORATION
100 HIGH STREET, SUITE 800
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000041629

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41629-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MILBANK INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41653-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41653-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS CONSTITUTION STATE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41750-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT  06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41769-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COLORADO CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41785-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA 01653-0002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41840-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-41840-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SOUTHERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-41998-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DIAMOND STATE INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA  19004-3406

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42048-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-42048-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account** at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
P O BOX 64477
SOUTHERTON, PA  18964-0477

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42129-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-42129-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

PRINCETON INSURANCE COMPANY
746 ALEXANDER ROAD
PRINCETON, NJ 08540

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42226-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-42226-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY
333 SOUTH 7TH STREET, SUITE 2200
MINNEAPOLIS, MN  55402

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42234-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Governor Director of Insurance
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MOUNTAINPOINT INSURANCE COMPANY
3030 N. 3RD ST.
PHOENIX, AZ  85012

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-42242-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-42242-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,425.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

NAVIGATORS INSURANCE COMPANY
400 ATLANTIC STREET, 8TH FLOOR
STAMFORD, CT 06901

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-42307-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-42307-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUIDEONE AMERICA INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA  50265-3538

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42331-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TECHNOLOGY INSURANCE COMPANY, INC.
59 MAIDEN LANE, 43RD FLOOR
NEW YORK, NY 10038

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42376-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA 18703-0020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42390-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-42390-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 02116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42404-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TOA REINSURANCE COMPANY OF AMERICA, THE
177 MADISON AVENUE, PO BOX 1930
MORRISTOWN, NJ 07962-1930

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42439-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL ASSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC  27102-3199

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
-------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-42447-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                    | 7/12/2019       | 1,050.00   |

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NOVA CASUALTY COMPANY
440 LINCOLN STREET
WORCESTER, MA  01653-0002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42552-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-42552-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42579-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85001-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

DEPOSITORS INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

Assessment
Number
FRA20-42587-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment
date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MAG MUTUAL INSURANCE COMPANY
P.O. BOX 52979
ATLANTA, GA  30355-0979

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ROCHE SURETY AND CASUALTY COMPANY, INC.
4107 N HIMES AVE 2ND FLOOR
TAMPA, FL  33607

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42706-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE

P.O. BOX 5323

CINCINNATI, OH 45201-5323

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-42722-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |
HCA20-42722-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]             | 7/12/2019       | 200.00     |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRADERS INSURANCE COMPANY
P O BOX 5374
KANSAS CITY, MO  64131

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-42749-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AGRI GENERAL INSURANCE COMPANY
9200 NORTHPARK DRIVE, SUITE 350
JOHNSTON, IA  50131

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42757-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTURION CASUALTY COMPANY
800 WALNUT STREET
DES MOINES, IA  50309

Assessment
Number
FRA20-42765-ACT
HCA20-42765-ACT

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Health Care Appeals Fund [ARS § 20-2541(2)]

Assessment Date
7/12/2019
7/12/2019

Amount Due
1,050.00
200.00

TOTAL ASSESSMENT AMOUNT
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUIDEONE ELITE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA  50265-3538

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42803-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
VICTORIA FIRE & CASUALTY COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42889-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SERVICE INSURANCE COMPANY, INC.
953 AMERICAN LANE, 3RD FLOOR
SCHAUMBURG, IL  60173

September 12, 2019

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42897-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE NORTHEASTERN INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-42919-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SECURITY INSURANCE COMPANY
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA  30339-2110

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42978-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-42978-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

## NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**
**STANDARD GUARANTY INSURANCE COMPANY**
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA  30339-2110

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42986-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-42986-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE CLASSIC INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-42994-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
RESPONSE INSURANCE COMPANY
200 EAST RANDOLPHSTREET
CHICAGO, IL  60601

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43044-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43117-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-43117-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 3,300.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
INSURORS INDEMNITY COMPANY
P.O. BOX 2683
WACO, TX  76702-2683

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43273-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ASPEN AMERICAN INSURANCE COMPANY
175 CAPITAL BOULEVARD, SUITE 300
ROCKY HILL, CT  06067

IDA000043460
CUSTOMER NUMBER

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43460-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-43460-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
777 MAIN STREET SUITE 1000
FORT WORTH, TX  76102

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43494-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA  19106

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43575-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-43575-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FARMERS SPECIALTY INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI  49501-2450

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA  91436

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43753-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RAINIER INSURANCE COMPANY
7245 WEST MARGINAL WAY S.W.
SEATTLE, WA  98106-3997

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43915-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-43915-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,800.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account**

at OPTins.org

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
21ST CENTURY INDEMNITY INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE  19803-1115

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-43974-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-43974-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ADMIRAL INDEMNITY COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 07070

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-44318-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-44369-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WEST AMERICAN INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

Assessment
Number  Assessment Description  Assessment Date  Amount Due
FRA20-44393-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROGRESSIVE PALOVERDE INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH  44101-6490

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-44695-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

VANTAPRO SPECIALTY INSURANCE COMPANY

199 WATER STREET

NEW YORK, NY 10038

---

**CUSTOMER NUMBER**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-44768-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-44768-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN COMPENSATION INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH  43215

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-45934-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**SIGHTCARE, INC.**

220 N. MCKEMY AVENUE

CHANDLER, AZ  85226

**CUSTOMER NUMBER**

IDA000047012

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-47012-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-47012-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-47012-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

UNITED DENTAL CARE OF ARIZONA, INC.

ONE SUN LIFE EXECUTIVE PARK

WELLESLEY HILLS, MO  02481

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-47708-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-47708-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>HCA20-47708-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TITLE RESOURCES GUARANTY COMPANY
8111 LBJ FREEWAY, STE 1200
DALLAS, TX  75251

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DAKOTA HOMESTEAD TITLE INSURANCE COMPANY
315 S. PHILLIPS AVENUE
SIOUX FALLS, SD  57104

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50020-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PREMIER LAND TITLE INSURANCE COMPANY
P.O. BOX 199000
DALLAS, TX 75219

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50026-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
US NATIONAL TITLE INSURANCE COMPANY
935 GRAVIER STREET, SUITE 1700
NEW ORLEANS, LA  70112

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50030-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTCOR LAND TITLE INSURANCE COMPANY
875 CONCOURSE PKWY SOUTH, STE 200
MAITLAND, FL  32751

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COMMONWEALTH LAND TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50083-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STEWART TITLE GUARANTY COMPANY
P. O. BOX 2029
HOUSTON, TX 77252

Ida000050121

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50121-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,050.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2524

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NORTH AMERICAN TITLE INSURANCE COMPANY
760 NW 107TH AVE. SUITE 400
MIAMI, FL  33172

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50130-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CHICAGO TITLE INSURANCE COMPANY
601 RIVERSIDE AVE
JACKSONVILLE, FL  32204

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50229-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INVESTORS TITLE INSURANCE COMPANY
P.O. DRAWER 2687
CHAPEL HILL, NC  27515-2687

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50369-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
REAL ADVANTAGE TITLE INSURANCE COMPANY
1551 N. TUSTIN AVE 3RD FLOOR
SANTA ANA, CA  92705

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50440-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, MN  55401

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50520-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST AMERICAN TITLE INSURANCE COMPANY
1 FIRST AMERICAN WAY
SANTA ANA, CA  92707

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-50814-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B), et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL TITLE INSURANCE OF NEW YORK INC.
601 RIVERSIDE AVENUE
JACKSONVILLE, FL  32204

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-51020-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WFG NATIONAL TITLE INSURANCE COMPANY
7401 CARMEL EXECUTIVE PARK DR, SUITE 105
CHARLOTTE, NC 28226-8403

CUSTOMER NUMBER
IDA000051152

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-51152-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN GUARANTY TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, OK  55401

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-51411-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ATTORNEYS TITLE GUARANTY FUND, INC.
7600 EAST EASTMAN AVENUE, SUITE 130
DENVER, CO  80231

CUSTOMER NUMBER
IDA000051560

Assessment Number  Assessment Description                  Assessment Date  Amount Due
FRA20-51560-ACT    Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019   1,050.00

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMTRUST TITLE INSURANCE COMPANY
220 EAST 42ND STREET, 24TH FLOOR
NEW YORK, NY 10017

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-51578-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY NATIONAL TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL  32204

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-51586-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. #: 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**
FIRST AMERICAN TITLE GUARANTY COMPANY
1 FIRST AMERICAN WAY
SANTA ANA, CA  92707

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-51624-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ENTITLE INSURANCE COMPANY
3 SUMMIT PARK DRIVE, SUITE 525
INDEPENDENCE, OH 44131

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-51632-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.
2111 E. HIGHLAND SUITE 250
PHOENIX, AZ  85016

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EMPLOYERS DENTAL SERVICES, INC.
3430 N SUNRISE DR. STE 160
TUCSON, AZ 85718

Customer Number

IDA000053090

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-53090-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-53090-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-53090-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
POST OFFICE BOX 13466
PHOENIX, AZ  85002

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-53589-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-53589-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>HCA20-53589-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ARIZONA DENTAL INSURANCE SERVICE, INC.
5656 W. TALAVI BLVD
GLENDALE, AZ  85306

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-53597-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-53597-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>HCA20-53597-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: $3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE
2041 EXCHANGE DRIVE
ST. CHARLES, MO 63303

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56006-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
THRIVENT FINANCIAL FOR LUTHERANS
625 FOURTH AVENUE SOUTH MS-REG FINANCIAL
MINNEAPOLIS, MN  55415-1624

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56014-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Government Director of Insurance
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CATHOLIC FINANCIAL LIFE
1100 WEST WELLS STREET
MILWAUKEE, WI  53233-2316

CUSTOMER NUMBER
IDA000056030

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56030-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL MUTUAL BENEFIT
6522 GRAND TETON PLAZA
MADISON, WI  53719

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------------------|------------------------|----------------|------------|
FRA20-56073-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GLEANER LIFE INSURANCE SOCIETY
P. O. BOX 1894
ADRIAN, MI 49221-7894

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56154-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WOMAN’S LIFE INSURANCE SOCIETY
PO BOX 5020
PORT HURON, MI  48061-5020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56170-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION
2439 GLENWOOD AVENUE
JOLIET, IL  60435

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-56227-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE
24950 CHAGRIN BOULEVARD
BEACHWOOD, OH  44122-5634

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56332-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,T
6611 ROCKSIDE ROAD
INDEPENDENCE, OH  44131

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56340-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, T**

1801 WATERMARK DRIVE SUITE 100

COLUMBUS, OH 43215

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56383-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| **TOTAL ASSESSMENT AMOUNT** | **1,050.00** |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ASSURED LIFE ASSOCIATION
PO BOX 3169
ENGLEWOOD, CO  80155-3169

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56499-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CROATIAN FRATERNAL UNION OF AMERICA
100 DELANEY DRIVE
PITTSBURGH, PA  15235

Assessment Number  Assessment Description                        Assessment Date  Amount Due
FRA20-56634-ACT    Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A:  PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B:  If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GCU
5400 TUSCARAWAS RD.
BEAVER, PA  15009-9513

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56693-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ISDA FRATERNAL ASSOCIATION
419 WOOD STREET
PITTSBURGH, PA  15222

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-56707-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LOYAL CHRISTIAN BENEFIT ASSOCIATION
P.O. BOX 13005
ERIE, PA 16514-1305

CUSTOMER NUMBER
IDA000056758

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-56758-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL SLOVAK SOCIETY OF THE USA, THE
351 VALLEY BROOK ROAD
MCMURRAY, PA  15317-3337

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SERB NATIONAL FEDERATION
615 IRON CITY DRIVE, SUITE 302
PITTSBURGH, PA  15205

Assessment Number  Assessment Description  Assessment Date  Amount Due
FRA20-56936-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SONS OF NORWAY
1455 WEST LAKE STREET
MINNEAPOLIS, MN  55408

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57142-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BAPTIST LIFE ASSOCIATION
8555 MAIN STREET
BUFFALO, NY  14221

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57223-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 FARNAM STREET
OMAHA, NE  68102

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57320-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CATHOLIC LIFE INSURANCE
1635 N. E. LOOP 410
SAN ANTONIO, TX  78209

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57347-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A:/pay easily online using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CATHOLIC ORDER OF FORESTERS
355 SHUMAN BLVD, PO BOX 3012
NAPERVILLE, IL  60566-7012

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57487-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MODERN WOODMEN OF AMERICA
1701 FIRST AVENUE
ROCK ISLAND, IL  61201-8779

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57541-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.
6100 N. CICERO AVE.
CHICAGO, IL  60646-4385

Assessment Number:  FRA20-57622-ACT
Assessment Description: Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date: 7/12/2019
Amount Due: 1,050.00

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 MILWAUKEE AVENUE
CHICAGO, IL  60642-4101

IDA000057630

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57630-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ROYAL NEIGHBORS OF AMERICA
230 - 16TH STREET
ROCK ISLAND, IL  61201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57657-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SLOVENE NATIONAL BENEFIT SOCIETY
247 WEST ALLEGHENY ROAD
IMPERIAL, PA  15126

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------- | ------- | ------- | -------- |
FRA20-57673-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EVERENCE ASSOCIATION, INC.
P O BOX 483
GOSHEN, IN  46527

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-57991-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
KNIGHTS OF COLUMBUS
P.O. BOX 1670
NEW HAVEN, CT  06507-0901

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-58033-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
789 DON MILLS ROAD
TORONTO, ON  00319

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-58068-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SUPREME COUNCIL OF THE ROYAL ARCANUM
61 BATTERYMARCH STREET
BOSTON, MA 02110

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-58181-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PARK AVENUE LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY 10004-4025

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60003-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60003-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HUMANA BENEFIT PLAN OF ILLINOIS, INC.
P.O. BOX 740036
LOUISVILLE, KY  40201-7436

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-60052-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-60052-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE** using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60054-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60054-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HALLMARK LIFE INSURANCE COMPANY
7700 FORSYTH BOULEVARD
ST LOUIS, MO  63105

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60078-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60078-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST CARE, INC.
1501 SOUTH CLINTON STREET
BALTIMORE, MD  21224

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60113-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60113-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director, Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TUFTS INSURANCE COMPANY
705 MOUNT AUBURN STREET
WATERTOWN, MA 02472-1508

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60117-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60117-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**ARIZONA DEPARTMENT OF INSURANCE**  
**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**NORTH AMERICAN NATIONAL RE INSURANCE COMPANY**  
8400 EAST PRENTICE AVENUE, SUITE 1250  
GREENWOOD VILLAGE, CO 80111

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60118-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-60118-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
<tr>
<td>HCA20-60118-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
2,000.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TIAA-CREF LIFE INSURANCE COMPANY
730 THIRD AVENUE
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000060142

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60142-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60142-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org 
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SBLI USA LIFE INSURANCE COMPANY, INC.
100 WEST 33RD STREET, SUITE 1007
NEW YORK, NY 10001-2900

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60176-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60176-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
S.USA LIFE INSURANCE COMPANY, INC.
P.O. BOX 12847
ROANOKE, NJ  24029

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60183-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-60183-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>HCA20-60183-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60186-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60186-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SUPERIOR VISION INSURANCE, INC.
939 ELRIDGE LANDING ROAD, SUITE #200
LINTHICUM, MD  21090

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60188-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-60188-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>HCA20-60188-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMALGAMATED LIFE INSURANCE COMPANY
333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60216-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60216-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY
1650 MARKET STREET, 54TH FLOOR
PHILADELPHIA, PA 19103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60232-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60232-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PREMIER ACCESS INSURANCE COMPANY
8890  CAL CENTER DRIVE
SACRAMENTO, CA  95826

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60237-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60237-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMFIRST INSURANCE COMPANY
P.O. BOX 16708
JACKSON, MS 39236

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60250-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60250-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account** at OPTins.org

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157-6596

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
-------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-60275-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                             | 7/12/2019      | 1,050.00   |
HCA20-60275-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]                                           | 7/12/2019      | 200.00     |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ACE LIFE INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

Assessment Number | Assessment Description | Assessment Date | Amount Due |
---|---|---|---|
FRA20-60348-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-60348-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
1932 WYNNTON ROAD
COLUMBUS, GA 31999-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60380-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60380-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY LIFE INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60399-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60399-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN FIDELITY ASSURANCE COMPANY

POST OFFICE BOX 25523

OKLAHOMA CITY, OK  73125-0523

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60410-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60410-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN FIDELITY LIFE INSURANCE COMPANY
500 SO. PALAFOX ST., STE. 200
PENSACOLA, FL 32502

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60429-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60429-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SAGICOR LIFE INSURANCE COMPANY
P.O. BOX 52121
PHOENIX, AZ  85072-2121

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60445-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60445-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN GENERAL LIFE INSURANCE COMPANY
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60488-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60488-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account** at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HEALTH AND LIFE INSURANCE COMPANY
P. O. BOX 2548
FORT WORTH, TX  76113

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60518-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60518-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HERITAGE LIFE INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL  32224-6688

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60534-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60534-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HOME LIFE INSURANCE COMPANY
P. O. BOX 1497
TOPEKA, KS  66601

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60542-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60542-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN INCOME LIFE INSURANCE COMPANY

P.O. BOX 2608

WACO, TX 76702

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60577-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60577-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

|          |                                                          |                | 1,250.00   |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE LIFE COMPANY OF NEW YORK
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT  06850

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-60704-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-60704-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX  77550

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60739-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60739-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN PUBLIC LIFE INSURANCE COMPANY
PO BOX 925
JACKSON, MS  39205-0925

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60801-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60801-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

AMERICAN REPUBLIC INSURANCE COMPANY
PO BOX 1
DES MOINES, IA  50306-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60836-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60836-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN UNITED LIFE INSURANCE COMPANY
P O BOX 386
INDIANAPOLIS, IN 46206-0368

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-60895-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-60895-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**  
**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COMPBENEFITS INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, GA  40201-7436

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-60984-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-60984-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ANTHEM LIFE INSURANCE COMPANY
220 VIRGINIA AVENUE
INDIANAPOLIS, IN  46204

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61069-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61069-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ATLANTIC COAST LIFE INSURANCE COMPANY
POST OFFICE BOX 20010
CHARLESTON, SC  29413-0010

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61115-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

AURORA NATIONAL LIFE ASSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO  63017

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61182-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61182-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account

at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI  48909-8160

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-61190-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-61190-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
Baltimore Life Insurance Company, The
10075 Red Run Boulevard
Owings Mills, MD 21117

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61212-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61212-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

Insurance Department Assessment
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS FIDELITY LIFE INSURANCE COMPANY
PO BOX 105185
ATLANTA, GA  30348

Assessment Description
FRA20-61239-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] 7/12/2019 1,050.00
HCA20-61239-ACT Health Care Appeals Fund [ARS § 20-2541(2)] 7/12/2019 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS LIFE AND CASUALTY COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL  60601-4508

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392-2300

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61271-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61271-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

**July 12, 2019**

RE: ANNUAL ASSESSMENT
AMERITAS LIFE INSURANCE CORP.
P.O. BOX 81889
LINCOLN, NE  68501-1889

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61301-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61301-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BENEFICIAL LIFE INSURANCE COMPANY
PO BOX 45654
SALT LAKE CITY, UT  84145-0654

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-61395-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-61395-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** | | | **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL BENEFIT LIFE INSURANCE COMPANY
ONE COURT SQUARE, 44TH FLOOR
LONG ISLAND CITY, NY  11120-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61409-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61409-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRUSTMARK INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL  60045-2581

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61425-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61425-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET
CANTON, MA  02021-1098

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61476-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61476-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA  50266-3862

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61492-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61492-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RESOURCE LIFE INSURANCE COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL  60601-4508

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAPITOL LIFE INSURANCE COMPANY, THE
1605 LBJ FREEWAY SUITE 710
DALLAS, TX 75234

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61581-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61581-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

ATHENE ANNUITY AND LIFE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA  50266-3862

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61689-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61689-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AME
P.O. BOX 30381
LANSING, MI  48909

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61700-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61700-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CIGNA NATIONAL HEALTH INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX  78717

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61727-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61727-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTRAL SECURITY LIFE INSURANCE COMPANY
PO BOX 833879
RICHARDSON, TX  75083-3879

CUSTOMER NUMBER
IDA000061735

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-61735-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-61735-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
P.O. BOX 34350
OMAHA, NE  68134

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61751-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61751-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CHESAPEAKE LIFE INSURANCE COMPANY, THE
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX  76180

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-61832-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-61832-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CHRISTIAN FIDELITY LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ  85004

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61859-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61859-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CHURCH LIFE INSURANCE CORPORATION
19 EAST 34TH STREET
NEW YORK, NY  10016-4303

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61875-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61875-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>
July 12, 2019

RE: ANNUAL ASSESSMENT
MANHATTANLIFE ASSURANCE COMPANY OF AMERICA
10777 NORTHWEST FREEWAY
HOUSTON, TX  77092

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61883-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61883-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CITIZENS SECURITY LIFE INSURANCE COMPANY
P. O. BOX 436149
LOUISVILLE, KY 40253

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO  64141-0288

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-61999-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-61999-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 COLONIAL LIFE BOULEVARD
COLUMBIA, SC  29210

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62049-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62049-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK**
100 NORTH GREENE STREET
GREENSBORO, NY  27401

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62057-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62057-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT: 1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COLONIAL PENN LIFE INSURANCE COMPANY
399 MARKET STREET
PHILADELPHIA, PA 19181

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62065-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62065-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY  13902-1381

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62103-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62103-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COMBINED INSURANCE COMPANY OF AMERICA
8750 W BRYN MAWR
CHICAGO, PA  60631

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACCORDIA LIFE AND ANNUITY COMPANY
215 10TH STREET, SUITE 1100
DES MOINES, IA 50309

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62200-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62200-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNUM LIFE INSURANCE COMPANY OF AMERICA
2211 CONGRESS STREET
PORTLAND, ME 04122

ASSessment
---
**Assessment Number** | **Assessment Description** | **Assessment Date** | **Amount Due**
--- | --- | --- | ---
FRA20-62235-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-62235-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** | 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GOLDEN RULE INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62286-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62286-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org** OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CONNECTICUT GENERAL LIFE INSURANCE COMPANY
TWO LIBERTY PLACE, 1601 CHESTNUT STREET, TL14A
PHILADELPHIA, PA 19192-2362

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FREEDOM LIFE INSURANCE COMPANY OF AMERICA
300 BURNETT STREET, SUITE 200
FORT WORTH, TX 76102-2734

### Assessment Table

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62324-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62324-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBR
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE  68102-1944

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62345-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CONSTITUTION LIFE INSURANCE COMPANY
PO BOX 958465
LAKE MARY, FL  32795-8465

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
CONSUMERS LIFE INSURANCE COMPANY
2060 EAST NINTH STREET
CLEVELAND, OH  44115-1355

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62375-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62375-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

CENTURION LIFE INSURANCE COMPANY
800 WALNUT STREET
DES MOINES, IA  50309

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62383-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62383-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WILCAC LIFE INSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT  06850

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62413-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62413-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
EQUITRUST LIFE INSURANCE COMPANY
7100 WESTOWN PARKWAY, SUITE 200
WEST DES MOINES, IA 50266

Assessment Number        Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------------|----------------------------------------------------------------------------------------------------------------|----------------|------------|
FRA20-62510-ACT          Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                           | 7/12/2019      | 1,050.00   |

TOTAL ASSESSMENT AMOUNT  1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COUNTRY LIFE INSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-62553-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-62553-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNION FIDELITY LIFE INSURANCE COMPANY
7101 COLLEGE BOULEVARD SUITE 1400
OVERLAND PARK, KS  66210

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62596-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62596-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CMFG LIFE INSURANCE COMPANY
POST OFFICE BOX 391
MADISON, WI  53701

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

DELAWARE AMERICAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62634-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62634-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EDUCATORS LIFE INSURANCE COMPANY OF AMERICA
#1 HORACE MANN PLAZA
SPRINGFIELD, IL  62715

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62790-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62790-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Douglas A. Ducey  
Governor  

Keith A. Schraad  
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT  
TRUSTMARK LIFE INSURANCE COMPANY  
400 FIELD DRIVE  
LAKE FOREST, IL  60045-2581

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62863-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62863-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# Arizona Department of Insurance

## Notice of Assessment

**July 12, 2019**

**RE: Annual Assessment**

**AXA Equitable Life and Annuity Company**

525 Washington Boulevard - 35th Floor

Jersey City, NJ 07310

---

### Customer Number

<table>
<thead>
<tr>
<th>IDA000062880</th>
</tr>
</thead>
</table>

Please enter your **CUSTOMER NUMBER** on your payment.

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62880-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

---

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. #102

Phoenix, AZ 85007-2624

---

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

---

**For questions concerning this assessment, call us at 602-364-2459.**

---

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
EMC NATIONAL LIFE COMPANY
PO BOX 9202
DES MOINES, IA  50306-9202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62928-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62928-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AXA EQUITABLE LIFE INSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, CONTROLLERS 15TH FLOOR
NEW YORK, NY 10104

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62944-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62944-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY
P.O. BOX 2460
SALT LAKE CITY, UT  84110-2460

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-62952-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-62952-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FAMILY LIFE INSURANCE COMPANY
10777 NORTHWEST FREEWAY
HOUSTON, TX  77092

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63053-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63053-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FARM BUREAU LIFE INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA  50266-5997

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63088-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63088-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FARMERS NEW WORLD LIFE INSURANCE COMPANY
3120 139TH AVE SE, SUITE 300
BELLEVUE, WA  98005

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63177-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63177-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FEDERAL LIFE INSURANCE COMPANY
3750 W. DEERFIELD ROAD
RIVERWOODS, IL  60015

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63223-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63223-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FEDERATED LIFE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN  55060

CUSTOMER NUMBER
IDA000063258

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63258-ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63258-ACT</td>
<td>Health Care Appeals Fund  [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY & GUARANTY LIFE INSURANCE COMPANY
1001 FLEET STREET
BALTIMORE, MD  21202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63274-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63274-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC
8700 W. BRYN MAWR AVE., SUITE 900S
CHICAGO, IL  60631

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63290-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63290-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT AMERICAN LIFE INSURANCE COMPANY
POST OFFICE BOX 5420
CINCINNATI, OH  45202

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ACCENDO INSURANCE COMPANY
2211 SANDERS ROAD
NORTHBROOK, IL  60062

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63444-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63444-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 410288
KANSAS CITY, MO  64141-0288

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63487-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63487-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FORESTERS LIFE INSURANCE AND ANNUITY COMPANY
RARITAN PLAZA 1, P.O. BOX 7836
EDISON, NJ  08818-7836

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-63495-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-63495-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GARDEN STATE LIFE INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX  77550

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63657-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63657-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEDCO CONTAINMENT LIFE INSURANCE COMPANY
ONE EXPRESS WAY
ST. LOUIS, MO  63121

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63762-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63762-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITY FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 625700
CINCINNATI, OH  45241-5700

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPA
GPM LIFE BLDG - P.O. BOX 659567
SAN ANTONIO, TX  78265-9567

CUSTOMER NUMBER
IDA000063967

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63967-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63967-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED HERITAGE LIFE INSURANCE COMPANY
PO BOX 7777
MERIDIAN, ID 83680-7777

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-63983-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-63983-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JEFFERSON NATIONAL LIFE INSURANCE COMPANY
10350 ORMSBY PARK PLACE
LOUISVILLE, KY  40223

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64017-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64017-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
EPIC LIFE INSURANCE COMPANY, THE
PO BOX 14196
MADISON, WI  53708-0196

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|-------------------------|----------------|-----------|
FRA20-64149-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-64149-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00   |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL  60025

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64211-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64211-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUARANTY INCOME LIFE INSURANCE COMPANY
2638 S. SHERWOOD FORREST BLVD.
SUITE 200
BATON ROUGE, LA  70816

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64238-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64238-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE
7 HANOVER SQUARE
NEW YORK, NY 10004-4025

Assessment Number | Assessment Description                                             | Assessment Date | Amount Due |
-------------------|---------------------------------------------------------------------|----------------|------------|
FRA20-64246-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]           | 7/12/2019      | 1,050.00   |
HCA20-64246-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]                       | 7/12/2019      | 200.00     |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HARLEYSVILLE LIFE INSURANCE COMPANY
ONE WEST NATIONALWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-64327-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-64327-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HI 96814-3698

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64343-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64343-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HERITAGE LIFE INSURANCE COMPANY
227 WEST MONROE STREET, SUITE 3775
CHICAGO, IN 60606

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64394-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-64394-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>HCA20-64394-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, IN
P.O. BOX 31391
TAMPA, FL 33631-3391

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64467-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64467-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HOMESTEADERS LIFE COMPANY
P.O. BOX 1756
DES MOINES, IA  50306

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HORACE MANN LIFE INSURANCE COMPANY
#1 HORACE MANN PLAZA
SPRINGFIELD, IL  62715

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64513-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64513-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ILLINOIS MUTUAL LIFE INSURANCE COMPANY
300 S.W. ADAMS STREET
PEORIA, IL  61634

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

**July 12, 2019**

**INDEPENDENCE LIFE AND ANNUITY COMPANY**  
ONE SUN LIFE EXECUTIVE PARK  
WELLESLEY HILLS, MA 02481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64602-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64602-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY
101 SOUTH TRYON STREET, SUITE 3200
CHARLOTTE, NC  28280

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64688-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64688-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY
101 PARKLANE BLVD, STE 301
SUGAR LAND, TX  77478

CUSTOMER NUMBER
IDA000064696

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64696-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64696-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INTRAMERICA LIFE INSURANCE COMPANY
878 VETERAN’S MEMORIAL HIGHWAY
HAUPPAUGE, NY 11788-5107

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64831-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64831-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
BERKLEY LIFE AND HEALTH INSURANCE COMPANY
P.O. BOX 9190
DES MOINES, NJ  50306-9190

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64890-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(b) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64890-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave, # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INVESTORS HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 717
FRANKFORT, KY 40602-0717

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-64904-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-64904-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RIVERSOURCE LIFE INSURANCE COMPANY
227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN  55474

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65005-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65005-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
JACKSON NATIONAL LIFE INSURANCE COMPANY
1 CORPORATE WAY
LANSING, MI  48951

CUSTOMER NUMBER
IDA000065056

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65056-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65056-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JOHN ALDEN LIFE INSURANCE COMPANY
P. O. BOX 624
MILWAUKEE, WI  53201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65080-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65080-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
KANSAS CITY LIFE INSURANCE COMPANY
P O BOX 219139
KANSAS CITY, MO  64121-9139

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65129-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65129-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LAFAYETTE LIFE INSURANCE COMPANY, THE
400 BROADWAY
CINCINNATI, OH  45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65242-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65242-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED BENEFIT LIFE INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX  78717

Assessment Number   Assessment Description                                                                                       Assessment Date  Amount Due
FRA20-65269-ACT     Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                                      7/12/2019        1,050.00
HCA20-65269-ACT     Health Care Appeals Fund [ARS § 20-2541(2)]                                                                    7/12/2019        200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
100 LIBERTY WAY
DOVER, NH  03820

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65315-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65315-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
June 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY NATIONAL LIFE INSURANCE COMPANY
3700 S. STONEBRIDGE DRIVE
MCKINNEY, AL 75070

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65331-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65331-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LIFE INSURANCE COMPANY OF NORTH AMERICA
TWO LIBERTY PLACE, 1601 CHESTNUT STREET, TL14A
PHILADELPHIA, PA 19192-2362

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65498-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65498-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LIFE INSURANCE COMPANY OF THE SOUTHWEST
1 NATIONAL LIFE DRIVE
MONTPELIER, VT  05604

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):  

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
6604 WEST BROAD STREET
RICHMOND, VA  23230

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65536-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65536-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LINCOLN BENEFIT LIFE COMPANY
5600 N. RIVER ROAD, COLUMBIA CENTER I, SUITE 300
ROSEMONT, IL  60018

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-65595-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-65595-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT** | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEDICO LIFE AND HEALTH INSURANCE COMPANY
PO BOX 14571
DES MOINES, IA  50306-3571

Assessment
Number
FRA20-65641-ACT
HCA20-65641-ACT

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Health Care Appeals Fund [ARS § 20-2541(2)]

Assessment Date
7/12/2019
7/12/2019

Amount Due
1,050.00
200.00

TOTAL ASSESSMENT AMOUNT
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE
100 NORTH GREENE STREET
GREENSBORO, IN 27401

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
---|---|---|---|
FRA20-65676-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-65676-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LOYAL AMERICAN LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX  78717

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65722-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65722-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 5008
MADISON, WI  53705-0008

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65781-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65781-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
P.O. BOX 111
BOSTON, MA  02117-0111

Assessment Number  Assessment Description                               Assessment Date  Amount Due
FRA20-65838-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00
HCA20-65838-ACT  Health Care Appeals Fund [ARS § 20-2541(2)]  7/12/2019  200.00

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MANHATTAN LIFE INSURANCE COMPANY, THE
10777 NORTHWEST FREEWAY
HOUSTON, TX  77092

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65870-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65870-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# ARIZONA DEPARTMENT OF INSURANCE
## NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**  
**WILCO LIFE INSURANCE COMPANY**  
20 GLOVER AVENUE 4TH FLOOR  
NORWALK, CT  06850

---

**CUSTOMER NUMBER**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65900-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65900-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRIMERICA LIFE INSURANCE COMPANY
1 PRIMERICA PARKWAY
DULUTH, GA  30099

Customer Number
PRIMERICA LIFE INSURANCE COMPANY
1 PRIMERICA PARKWAY
DULUTH, GA  30099

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-65919-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-65919-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LINCOLN HERITAGE LIFE INSURANCE COMPANY
4343 EAST CAMELBACK ROAD
PHOENIX, AZ 85018

**CUSTOMER NUMBER**

IDA000065927

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65927-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65927-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 01111

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65935-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65935-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MERIT LIFE INSURANCE CO.
PO BOX 2548
FORT WORTH, TX  76113

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65951-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65951-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WINDSOR LIFE INSURANCE COMPANY
1345 RIVER BEND DRIVE, SUITE 100
DALLAS, TX 75247

CUSTOMER NUMBER
IDA000065960

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65960-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65960-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
METROPOLITAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL  33647

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-65978-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-65978-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN BENEFIT LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66001-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66001-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Notice of Assessment

July 12, 2019

RE: Annual Assessment
Midland National Life Insurance Company
4350 Westown Parkway
West Des Moines, IA 50266

Customer Number

IDA000066044

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66044-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66044-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **Total Assessment Amount** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

Insurance Department Assessment
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX  76180

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66087-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66087-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MIDWESTERN UNITED LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA  30327-4390

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66109-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66109-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT  06850

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66133-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66133-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HEALTH NET LIFE INSURANCE COMPANY
7700 FORSYTH BOULEVARD
SAINT LOUIS, CA  63105

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66141-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66141-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**MINNESOTA LIFE INSURANCE COMPANY**

400 ROBERT STREET NORTH

ST. PAUL, MN  55101-2098

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66168-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66168-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Notice of Assessment

July 12, 2019

RE: ANNUAL ASSESSMENT
HEARTLAND NATIONAL LIFE INSURANCE COMPANY
1600 NE CORONADO DR
BLUE SPRINGS, MO  64014

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66214-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66214-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK
3275 BENNETT CREEK AVENUE
FREDERICK, MD  21704

Assessment Description

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66230-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA  52499

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66281-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66281-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MUNICH AMERICAN REASSURANCE COMPANY
56 PERIMETER CENTER EAST, N.E., STE. 500
ATLANTA, GA  30346-2290

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66370-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66370-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MUTUAL TRUST LIC, A PAN-AMERICAN LIFE INS GROUP STK C
1200 JORIE BOULEVARD
OAK BROOK, IL  60523-2269

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66427-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66427-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO  64141-0288

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66540-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66540-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
P.O. BOX 1191
MADISON, WI  53701-1191

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66583-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66583-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL LIFE INSURANCE COMPANY
1 NATIONAL LIFE DRIVE
MONTPELIER, VT  05604

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66680-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66680-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY UNION LIFE ASSURANCE COMPANY
560 KIRTS BOULEVARD, SUITE 125
TROY, MI  48084-4133

CUSTOMER NUMBER
IDA000066753

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66753-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66753-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL WESTERN LIFE INSURANCE COMPANY
10801 N. MOPAC EXPY., BLDG. 3
AUSTIN, TX  78759

CUSTOMER NUMBER
IDA000066850

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66850-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66850-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE LIFE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66869-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66869-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
NEW YORK LIFE INSURANCE COMPANY
51 MADISON AVENUE
NEW YORK, NY 10010

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66915-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66915-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
4350 WESTOWN PARKWAY
WEST DES MOINES, IA  50266

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-66974-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-66974-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GPM HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 659567
SAN ANTONIO, TX  78265-9567

Assessment Number | Assessment Description | Assessment Date | Amount Due  
--------------------|------------------------|----------------|-------------
FRA20-67059-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  | 7/12/2019       | 1,050.00    
HCA20-67059-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]             | 7/12/2019       | 200.00      

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## Notice of Assessment

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**MANHATTAN NATIONAL LIFE INSURANCE COMPANY**

**POST OFFICE BOX 5420**

**CINCINNATI, OH  45202**

### Table: Assessment Details

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67083-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67083-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI  53202-4797

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67091-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67091-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INsurance Department Assessment
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA  30327-4390

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67105-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67105-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLIN
P.O. BOX 2549
WACO, TX 76702-2549

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

For questions concerning this assessment, call us at 602-364-2459.


<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67148-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67148-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00
July 12, 2019

RE: ANNUAL ASSESSMENT
OHIO NATIONAL LIFE INSURANCE COMPANY, THE
POST OFFICE BOX 237
CINCINNATI, OH  45201

Customer Number

IDA000067172

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67172-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67172-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

| 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

OHIO STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 410288
KANSAS CITY, MO  64141-0288

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OLD AMERICAN INSURANCE COMPANY
P.O. BOX 218573
KANSAS CITY, MO  64121-9139

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67199-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67199-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account
       at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

Re: Annual Assessment
American Life & Security Corp.
P.O. Box 5577
Lincoln, NE 68505

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-67253-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-67253-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

Total Assessment Amount: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: Pay easily Online using your OPTins Assessment account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

Insurance Department Assessment
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
OLD REPUBLIC LIFE INSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-67261-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-67261-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CIGNA HEALTH AND LIFE INSURANCE COMPANY
1601 CHESTNUT STREET, TL14A
PHILADELPHIA, CT  19192

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67369-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67369-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
OZARK NATIONAL LIFE INSURANCE COMPANY
PO BOX 219541
KANSAS CITY, MO  64121-9541

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67393-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67393-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UBS LIFE INSURANCE COMPANY USA
P.O. BOX 1795
ERIE, PA 16512-1795

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67423-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67423-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC LIFE INSURANCE COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA  92660

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67466-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67466-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

RE: ANNUAL ASSESSMENT
PAN-AMERICAN LIFE INSURANCE COMPANY
POST OFFICE BOX 60219
NEW ORLEANS, LA  70160-0219

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-67539-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-67539-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT | 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PAUL REVERE LIFE INSURANCE COMPANY, THE
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67598-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67598-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org** OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**UNUM INSURANCE COMPANY**

1 FOUNTAIN SQUARE

CHATTANOOGA, TN  37402-1330

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67601-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67601-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site  (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

---

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL  61558-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67628-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67628-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DSM USA INSURANCE COMPANY, INC.
465 MEDFORD STREET
BOSTON, MA  02129

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PENN MUTUAL LIFE INSURANCE COMPANY, THE
THE PENN MUTUAL LIFE INSURANCE COMPANY
PHILADELPHIA, PA  19172

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67644-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67644-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY
100 NORTH GREENE STREET
GREENSBORO, IN  27401

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67652-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67652-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PENNSYLVANIA LIFE INSURANCE COMPANY
2211 SANDERS ROAD
NORTHBROOK, IL  60062

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67660-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67660-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

**AMERICAN REPUBLIC CORP INSURANCE COMPANY**

**PO BOX 14510**

**DES MOINES, IA  50306-3510**

July 12, 2019

RE: ANNUAL ASSESSMENT

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67679-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67679-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTIns.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX  77079

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67784-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67784-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:  
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PHOENIX LIFE INSURANCE COMPANY
P. O. BOX 5056
HARTFORD, CT  06102-5056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67814-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67814-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PIONEER AMERICAN INSURANCE COMPANY
P. O. BOX 2549
WACO, TX  76702-2549

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67873-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67873-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY**

11200 LAKELINE BLVD STE 100

AUSTIN, TX 78717

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67903-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67903-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

---

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC
P O BOX 368
INDIANAPOLIS, IN 46206-0368

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-67911-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-67911-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
PO BOX 2730
RAPID CITY, SD  57709

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-67989-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                               | 7/12/2019      | 1,050.00   |
HCA20-67989-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                                            | 7/12/2019      | 200.00     |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA  50266-3862

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68039-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68039-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

Please pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PROFESSIONAL INSURANCE COMPANY
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA  02481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68047-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68047-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

PROFESSIONAL LIFE & CASUALTY COMPANY
227 WEST MONROE STREET, SUITE 3775
CHICAGO, IL  60606

Payment Due:

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68063-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68063-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PROTECTIVE LIFE INSURANCE COMPANY
P. O. BOX 2606
BIRMINGHAM, AL 35202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68136-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68136-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROVIDENT AMERICAN INSURANCE COMPANY
10501 N CENTRAL EXPWY #240
DALLAS, TX  75231-2200

Assessment Number | Assessment Description                                      | Assessment Date | Amount Due |
--------------------|-------------------------------------------------------------|-----------------|------------|
FRA20-68179-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]    | 7/12/2019       | 1,050.00   |
HCA20-68179-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                 | 7/12/2019       | 200.00     |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

FRA20-68195-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] 7/12/2019 1,050.00
HCA20-68195-ACT Health Care Appeals Fund [ARS § 20-2541(2)] 7/12/2019 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68241-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68241-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EMPLOYERS REASSURANCE CORPORATION
P. O. BOX 2981
MISSION, KS  66201-1391

Assessment
Number
Assessment Description
Assessment
Date
Amount Due
FRA20-68276-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00
HCA20-68276-ACT  Health Care Appeals Fund [ARS § 20-2541(2)]  7/12/2019  200.00

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NASSAU LIFE INSURANCE COMPANY OF KANSAS
P. O. BOX 958465
LAKE MARY, FL  32795-8465

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO  80111

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68322-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68322-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RELIABLE LIFE INSURANCE COMPANY, THE
12115 LACKLAND ROAD
ST. LOUIS, MO  63146-4003

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68357-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68357-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

July 12, 2019

RE: ANNUAL ASSESSMENT
AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY
525 WASHINGTON BOULEVARD - 34TH FLOOR
JERSEY CITY, NJ 07310-1692

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68365-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RELIANCE STANDARD LIFE INSURANCE COMPANY
2001 MARKET STREET, SUITE 1500
PHILADELPHIA, PA 19103

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-66381-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |
HCA20-66381-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]           | 7/12/2019      | 200.00     |

TOTAL ASSESSMENT AMOUNT | 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WMI MUTUAL INSURANCE COMPANY
PO BOX 572450
SALT LAKE CITY, UT  84157-2450

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68420-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68420-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LONGEVITY INSURANCE COMPANY
600 DRESHER ROAD
HORSHAM, PA  19044

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68446-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68446-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

To: Reserve National Insurance Company

Re: Annual Assessment

601 East Britton Road
OKLAHOMA CITY, OK  73114

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-68462-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-68462-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**Total Assessment Amount** | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T
800 CRESCENT CENTRE DRIVE, SUITE 200
FRANKLIN, TN 37067

Assessment Number | Assessment Description                                | Assessment Date | Amount Due |
--------------------|-------------------------------------------------------|----------------|------------|
FRA20-68500-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019      | 1,050.00   |
HCA20-68500-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]           | 7/12/2019      | 200.00     |

TOTAL ASSESSMENT AMOUNT | 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY BANKERS LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX  75234

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P. O. BOX 2549
WACO, TX  76702-2549

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SYMETRA LIFE INSURANCE COMPANY
P.O. BOX 34690
SEATTLE, WA 98124-1690

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
VANTIS LIFE INSURANCE COMPANY
200 DAY HILL ROAD
WINDSOR, CT  06095

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68632-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68632-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SECURITY BENEFIT LIFE INSURANCE COMPANY
ONE SECURITY BENEFIT PLACE
TOPEKA, KS  66636-0001

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-68675-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-68675-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SECURITY LIFE OF DENVER INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68713-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68713-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
PO BOX 1625
BINGHAMTON, NY  13902-1625

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68772-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68772-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org 

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SENTINEL SECURITY LIFE INSURANCE COMPANY
1405 WEST 2200 SOUTH
SALT LAKE CITY, UT  84119

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SENTRY LIFE INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI  54481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68810-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68810-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SHENANDOAH LIFE INSURANCE COMPANY
P.O. BOX 12847
ROANOKE, VA  24029

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68845-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68845-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STARMOUNT LIFE INSURANCE COMPANY
P.O. BOX 98100
BATON ROUGE, LA 70898-9100

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-68985 ACT</td>
<td>Fraud Unit Assessment  [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-68985 ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NORTHWESTERN LONG TERM CARE INSURANCE COMPANY
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI  53202

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|---------------------------------------------------------------------------------------|----------------|------------|
FRA20-69000-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                              | 7/12/2019      | 1,050.00   |
HCA20-69000-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                                           | 7/12/2019      | 200.00     |

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STANDARD INSURANCE COMPANY
PO BOX 711
PORTLAND, OR  97207-0711

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69019-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69019-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

STANDARD SECURITY LIFE INSURANCE COMPANY OF NY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY  10022-5872

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69078-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69078-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referred to in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STATE FARM LIFE INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL  61710

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69108-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
STATE LIFE INSURANCE COMPANY, THE
P O BOX 368
INDIANAPOLIS, IN 46206-0368

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STATE MUTUAL INSURANCE COMPANY
PO BOX 153
ROME, GA 30162

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69132-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69132-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA  02135

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69140-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69140-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INDFSurance DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SUNSET LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 219139
KANSAS CITY, MO 64121-9139

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-69272-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-69272-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SURETY LIFE INSURANCE COMPANY
310 NE MULBERRY STREET
LEE'S SUMMIT, MO  64086

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69310-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69310-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**Notice of Assessment**

**Surety Life and Casualty Insurance Company**
827 28th Street SW Unit C
Fargo, ND 58103

July 12, 2019

**Assessment Description**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69329-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69329-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount**

<table>
<thead>
<tr>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,250.00</td>
</tr>
</tbody>
</table>

Please enter your CUSTOMER NUMBER on your payment.

**Customer Number**

IDA000069329

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**Insurance Department Assessment**
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY
55 NE 5TH AVENUE SUITE 502
BOCA RATON, FL  33432

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69337-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69337-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMER
730 THIRD AVENUE
NEW YORK, NY  10017

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**TEXAS LIFE INSURANCE COMPANY**

900 WASHINGTON AVENUE

WACO, TX  76701

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69396-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TIME INSURANCE COMPANY II
P.O. BOX 194320
SAN JUAN, PR  00919

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69477-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69477-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SECURITY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 57220
SALT LAKE CITY, UT  84157-0220

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69485-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69485-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEDAMERICA INSURANCE COMPANY
P.O. BOX 41930
ROCHESTER, NY 14604-0620

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69515-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69515-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRANS WORLD ASSURANCE COMPANY
885 S. EL CAMINO REAL
SAN MATEO, CA  94402

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69566-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69566-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MUNICH RE US LIFE CORPORATION
56 PERIMETER CENTER EAST, NE, SUITE 500
ATLANTA, GA  30346

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69604-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69604-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

RE: ANNUAL ASSESSMENT
OPTUM INSURANCE OF OHIO, INC.
1600 MCCONNOR PARKWAY
SCHAUMBURG, CA  60173-6801

CUSTOMER NUMBER
IDA000069647

Assessment Number  Assessment Description                     Assessment Date  Amount Due
FRA20-69647-ACT    Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00
HCA20-69647-ACT    Health Care Appeals Fund [ARS § 20-2541(2)]             7/12/2019  200.00

TOTAL ASSESSMENT AMOUNT                       1,250.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
USAA LIFE INSURANCE COMPANY
9800 FREDERICKSBURG RD.
SAN ANTONIO, TX  78288

Assessment Number | Assessment Description | Assessment Date | Amount Due
------------------|------------------------|----------------|---------
FRA20-69663-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-69663-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX  77079

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNION LABOR LIFE INSURANCE COMPANY, THE
8403 COLESVILLE ROAD
SILVER SPRING, DC  20910

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED OF OMAHA LIFE INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69868-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69868-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED FARM FAMILY LIFE INSURANCE COMPANY
P.O. BOX 1250
INDIANAPOLIS, IN 46206-1250

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69892-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69892-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED HOME LIFE INSURANCE COMPANY
P. O. BOX 7192
INDIANAPOLIS, IN 46202

CUSTOMER NUMBER

IDA000069922

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69922-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69922-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED INSURANCE COMPANY OF AMERICA
12115 LACKLAND ROAD
ST. LOUIS, MO  63146-4003

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69930-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69930-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

UNITED LIFE INSURANCE COMPANY
PO BOX 73909
CEDAR RAPIDS, IA 52407-3909

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-69973-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-69973-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

**RE: ANNUAL ASSESSMENT**

**GENWORTH LIFE INSURANCE COMPANY**  
6604 WEST BROAD STREET  
RICHMOND, VA 23230

**January 12, 2019**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70025-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70025-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE
P.O. BOX 1591, 3-D1
HOUSTON, TX  77251

CUSTOMER NUMBER
IDA000070106

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due
FRA20-70106-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  | 7/12/2019  | 1,050.00
HCA20-70106-ACT  | Health Care Appeals Fund [ARS § 20-2541(2)]  | 7/12/2019  | 200.00

TOTAL ASSESSMENT AMOUNT  | 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
13931 QUAIL POINTE DRIVE
OKLAHOMA CITY, OK 73134

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70122-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70122-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
P.O. BOX 13080
SPRINGFIELD, IL  62791-3080

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70130-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251-1591

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70238-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WASHINGTON NATIONAL INSURANCE COMPANY
11825 NORTH PENNSYLVANIA STREET
CARMEL, IN 46032

CUSTOMER NUMBER

IDA000070319

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-70319-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-70319-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WEST COAST LIFE INSURANCE COMPANY
P. O. BOX 2606
BIRMINGHAM, AL  35202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70335-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70335-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNION SECURITY INSURANCE COMPANY
11222 QUAIL ROOST DRIVE
MIAMI, MO  33157-6596

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70408-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70408-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

Please enter your CUSTOMER NUMBER on your payment.
Notice of Assessment

July 12, 2019

RE: ANNUAL ASSESSMENT
MML BAY STATE LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA  01111

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|-----------------------------------------------------------------------------------------|----------------|------------|
FRA20-70416-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                                | 7/12/2019      | 1,050.00   |
HCA20-70416-ACT   | Health Care Appeals Fund [ARS § 20-2541(2)]                                             | 7/12/2019      | 200.00     |

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
   OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

   INSURANCE DEPARTMENT ASSESSMENT
   100 N. 15th Ave. # 102
   Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASS
ONE LINSKOTT ROAD
WOBURN, MA  01801

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70435-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70435-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH  45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70483-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70483-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HUMANADENTAL INSURANCE COMPANY
PO BOX 740036
LOUISVILLE, KY 40201-7436

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70580-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70580-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE C
300 EAST RANDOLPH STREET
CHICAGO, IL  60601-5099

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
440 MAMARONECK AVENUE
HARRISON, NY  10528

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70688-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70688-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FAMILY BENEFIT LIFE INSURANCE COMPANY
7633 E 63RD PL, STE 230
TULSA, OK  74133-1246

Assessment Description | Assessment Number | Assessment Date | Amount Due
-----------------------|-------------------|----------------|-----------
Fraud Unit Assessment   | FRA20-70742-ACT   | 7/12/2019      | 1,050.00  

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFICAIRE LIFE AND HEALTH INSURANCE COMPANY
9800 HEALTH CARE LANE MN006-W500
MINNETONKA, MN  55343

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70785-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70785-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-70815-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019       | 1,050.00   |
HCA20-70815-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]               | 7/12/2019       | 200.00     |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLSTATE ASSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL  60062-7127

CUSTOMER NUMBER

IDA000070866

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number  | Assessment Description                                      | Assessment Date | Amount Due |
---------------------|-----------------------------------------------------------|-----------------|------------|
FRA20-70866-ACT     | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  | 7/12/2019       | 1,050.00   |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account

at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE
WHITE PLAINS, NY 10605

 Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-70939-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-70939-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN
7700 FORSYTH BLVD.
ST. LOUIS, MO  63105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71013-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71013-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PARKER CENTENNIAL ASSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71099-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71099-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
DEARBORN LIFE INSURANCE COMPANY
1020 WEST 31ST STREET
DOWNERS GROVE, IL  60515-5591

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE AND ANNUITY INSURANCE COMP
1 GRIFFIN ROAD NORTH
WINDSOR, CT  06095

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71153-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71153-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA  50392-2300

IDA000071161

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71161-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71161-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT:** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LANGHORNE REINSURANCE (ARIZONA) LTD
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO  63017

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAREAMERICA LIFE INSURANCE COMPANY
50 BEALE STREET
SAN FRANCISCO, CA  94105-0000

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71331-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71331-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site [www.azleg.gov](http://www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PURITAN LIFE INSURANCE COMPANY OF AMERICA
1720 W. RIO SALADO PARKWAY, SUITE A
TEMPE, AZ  85281

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71390-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71390-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL GENERAL INSURANCE COMPANY
11001 LAKELINE BOULEVARD SUITE 120
AUSTIN, TX 78717

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MUTUAL OF OMAHA INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE  68175

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71412-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71412-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
P.O. BOX 36451
LAS VEGAS, NV  89133-6451

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71420-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71420-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ASSURITY LIFE INSURANCE COMPANY
PO BOX 82533
LINCOLN, NE  68501-2533

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71439-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71439-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FINANCIAL AMERICAN LIFE INSURANCE COMPANY
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 300
JACKSONVILLE, FL  32256

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71455-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71455-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CICA LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 149151
AUSTIN, TX  78714

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71463-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71463-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ABILITY INSURANCE COMPANY
P. O. BOX 3735
OMAHA, NE  68103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71471-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71471-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT WESTERN INSURANCE COMPANY
P O BOX 3428
OGDEN, UT  84409-1428

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71480-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LEWER LIFE INSURANCE COMPANY
P.O. BOX 32395
KANSAS CITY, MO  64171-5395

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71595-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71595-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

RE: ANNUAL ASSESSMENT
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
700 SOUTH STREET
PITTSFIELD, MA  01201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71714-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71714-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

CONTINENTAL AMERICAN INSURANCE COMPANY
POST OFFICE BOX 427
COLUMBIA, SC  29202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71730-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71730-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HM HEALTH INSURANCE COMPANY
120 FIFTH AVENUE  SUITE 924
PITTSBURGH, PA  15222

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71768-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71768-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
ONE MOODY PLAZA
GALVESTON, TX  77550

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71773-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71773-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AAA LIFE INSURANCE COMPANY
17900 N. LAUREL PARK DRIVE
LIVONIA, MI  48152

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-71854-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-71854-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY SECURITY LIFE INSURANCE COMPANY
3130 BROADWAY
KANSAS CITY, MO  64111-2452

ID A000071870

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-71870-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-71870-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS FIDELITY ASSURANCE COMPANY
PO BOX 105185
ATLANTA, GA  30348

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AETNA HEALTH INSURANCE COMPANY
1425 UNION MEETING ROAD, U23S
BLUE BELL, PA  19422

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-72052-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-72052-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE  68131-2671

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-72125-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-72125-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMICA LIFE INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008

Assessment Description | Assessment Date | Amount Due
--- | --- | ---
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT**

1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED WORLD LIFE INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE  68175

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-72850-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-72850-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org** OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CANYON STATE LIFE INSURANCE COMPANY
312 E. ALVARADO ROAD
PHOENIX, AZ  85004

CUSTOMER NUMBER
IDA000072958

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-72958-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-72958-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>HCA20-72958-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HUMANA INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DENTEGA INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA  17055

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-73474-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-73474-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):  

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:  
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LUMICO LIFE INSURANCE COMPANY
175 KING ST.
ARMONK, NY 10504

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-73504-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-73504-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FAMILY SERVICE LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY 10004-4025

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-74004-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
EVERENCE INSURANCE COMPANY
P. O. BOX 483
GOSHEN, IN 46527

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-74209-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-74209-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
INTEGRITY LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH  45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-74780-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-74780-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA
TWO BRIDGE AVE, SUITE 111
RED BANK, NJ 07701

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-74900-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-74900-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
OLD UNITED LIFE INSURANCE COMPANY
P. O. BOX 795
SHAWNEE MISSION, KS  66201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-76007-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>FRA20-76007-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-76007-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624  

Make sure we receive your payment by or before August 9, 2019.

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COLUMBIAN LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY  13902-1381

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-76023-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-76023-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

OXFORD LIFE INSURANCE COMPANY

2721 NORTH CENTRAL AVENUE

PHOENIX, AZ  85004

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-76112-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-76112-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>HCA20-76112-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site  (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CINCINNATI LIFE INSURANCE COMPANY, THE
6200 SOUTH GILMORE ROAD
FAIRFIELD, OH 45014-5141

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-76236-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-76236-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
550 CONGRESSIONAL BOULEVARD, SUITE 200
CARMEL, IN 46032

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-76325-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-76325-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LASSO HEALTHCARE INSURANCE COMPANY
2600 COMMERCE DRIVE
HARRISBURG, PA  17110

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-76503-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-76503-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LONDON LIFE REINSURANCE COMPANY
P.O. BOX 1120
BLUE BELL, PA 19422-0319

CUSTOMER NUMBER

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-76694-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-76694-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SENTINEL AMERICAN LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY  10004-4025

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STERLING LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX  78717

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-77399-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-77399-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TOWN & COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 58769
SALT LAKE CITY, UT  84158

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANS-CITY LIFE INSURANCE CO.
7500 E. MCDONALD DR., SUITE 700
SCOTTSDALE, AZ  85250-6055

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-77690-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-77690-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-77690-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIFESecure INSURANCE COMPANY
10559 CITATION DRIVE, SUITE 300
BRIGHTON, MI 48116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-77720-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-77720-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COMPANION LIFE INSURANCE COMPANY
P O BOX 100102
COLUMBIA, SC  29202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-77828-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-77828-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
5 STAR LIFE INSURANCE COMPANY
909 NORTH WASHINGTON STREET
ALEXANDRIA, VA  22314

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-77879-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-77879-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
P. O. BOX 470608
CLEVELAND, OH  44147-3529

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-77968-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-77968-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** | **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account** at OPTins.org  

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MONY LIFE INSURANCE COMPANY OF AMERICA
525 WASHINGTON BLVD - CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-78077-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>FRA20-78077-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-78077-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UPSTREAM LIFE INSURANCE COMPANY
265 NORTH LAMAR BLVD.
SUITE A
OXFORD, MS  38655

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-78093-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CLEAR SPRING HEALTH INSURANCE COMPANY
250 SOUTH NORTHWEST HIGHWAY, SUITE 302
PARK RIDGE, IL  60068

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HCSC INSURANCE SERVICES COMPANY
300 EAST RANDOLPH STREET
CHICAGO, IL 60601-5099

Assessment
Number
FRA20-78611-ACT
HCA20-78611-ACT

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Health Care Appeals Fund [ARS § 20-2541(2)]

Assessment
Date
7/12/2019
7/12/2019

Amount Due
1,050.00
200.00

TOTAL ASSESSMENT AMOUNT
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SENIOR LIFE INSURANCE COMPANY
P.O. BOX 2447
THOMASVILLE, GA 31799-2447

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-78662-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-78662-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org** OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AETNA HEALTH AND LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT  06156

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NEW ERA LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX  77079

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-78743-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-78743-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

Please enter your CUSTOMER NUMBER on your payment.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
7 HANOVER SQUARE
NEW YORK, NY 10004-4025

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-78778-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-78778-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SAFEHEALTH LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, CA  33647

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-79014-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-79014-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY
4333 EDGECWOOD RD NE
CEDAR RAPIDS, IA  52499

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-79022-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-79022-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SOUTHLAND NATIONAL INSURANCE CORPORATION
180 MOUNT AIRY ROAD, SUITE 101
BASKING RIDGE, NJ 07920

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-79057-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-79057-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statues Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
DELAWARE LIFE INSURANCE COMPANY
1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA  02451

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-79065-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-79065-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

PRUCO LIFE INSURANCE COMPANY
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

Customer Number:

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-79227-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-79227-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>HCA20-79227-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE INSURANCE COMPANY
185 ASYLUM STREET
HARTFORD, CT  06103-3408

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-79413-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-79413-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

The consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account** at OPTins.org

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

### NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MEDICO CORP LIFE INSURANCE COMPANY
P.O. BOX 10482
DES MOINES, IA  50306-0482

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-79987-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-79987-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

Please enter your CUSTOMER NUMBER on your payment.

IDA000079987
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MOUNTAIN LIFE INSURANCE COMPANY
2416 SIR BARTON WAY
LEXINGTON, KY 40509

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80020-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80020-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**ARIZONA DEPARTMENT OF INSURANCE**

**GREENHOUSE LIFE INSURANCE COMPANY**

P.O. BOX 535966
GRAND PRAIRIE, TX 75053-5966

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**CUSTOMER NUMBER**
IDA000080055

---

**Assessment Number** | **Assessment Description** | **Assessment Date** | **Amount Due**
--- | --- | --- | ---
FSF20-80055-ACT | Financial Surveillance Fund [ARS § 20-156(G)] | 7/12/2019 | 375.00
FRA20-80055-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-80055-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

**TOTAL ASSESSMENT AMOUNT** 1,625.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNICARE LIFE & HEALTH INSURANCE COMPANY
220 VIRGINIA AVENUE
INDIANAPOLIS, IN  46204

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80314-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80314-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131-2671

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80578-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80578-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CANADA LIFE ASSURANCE COMPANY, THE
8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80659-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80659-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT-WEST LIFE ASSURANCE COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO  80111

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80705-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80705-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT                                                                 | 1,250.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- **A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**
- **OR**
- **B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

  INSURANCE DEPARTMENT ASSESSMENT
  100 N. 15th Ave. # 102
  Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
CELTIC INSURANCE COMPANY
77 W. WACKER DRIVE, SUITE 1200
CHICAGO, IL  60601

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80799-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80799-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SUN LIFE ASSURANCE COMPANY OF CANADA
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA  02481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80802-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80802-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE** using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CENTRE LIFE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST
NEW YORK, NY  10007-2366

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**  
**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**  
SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)  
ONE SUN LIFE EXECUTIVE PARK  
WELLESLEY HILLS, MA  02481

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80926-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80926-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR  
**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:  
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

VOYA INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA  30327-4390

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80942-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80942-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**4 EVER LIFE INSURANCE COMPANY**

**2 MID AMERICA PLAZA, SUITE 200**

**OAKBROOK TERRACE, IL  60181**

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-80985-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-80985-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

**100 N. 15th Ave. # 102**

**Phoenix, AZ  85007-2624**

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

**For questions concerning this assessment, call us at 602-364-2459.**

---

July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS LIFE INSURANCE COMPANY
2327 ENGLERT DR.
DURHAM, FL  33733

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-81043-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-81043-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED SECURITY HEALTH AND CASUALTY INSURANCE COMP
6640 S. CICERO AVENUE
BEDFORD PARK, IL 60638

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-81108-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-81108-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR  

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIFE OF AMERICA INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX  77079

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN MATURITY LIFE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-81213-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-81213-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Notices of Assessment

July 12, 2019

RE: ANNUAL ASSESSMENT
NIPPON LIFE INSURANCE COMPANY OF AMERICA
655 THIRD AVE
NEW YORK, NY  10017

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-81264-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-81264-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NYLIFE INSURANCE COMPANY OF ARIZONA
51 MADISON AVENUE
NEW YORK, NY 10010

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

Douglas A. Ducey
Governor

Keith A. Schraad
Director of Insurance

July 12, 2019

RE: ANNUAL ASSESSMENT
DELTA DENTAL INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA  17055

Assessment Number Description
FRA20-81396-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00
HCA20-81396-ACT Health Care Appeals Fund [ARS § 20-2541(2)]  7/12/2019  200.00

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY
70 GENESEE STREET
UTICA, NY  13502-3502

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-81426-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-81426-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
MONITOR LIFE INSURANCE COMPANY OF NEW YORK
P.O. BOX 16708
JACKSON, NY 39236

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-81442-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-81442-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENTAL
930 E. 2ND STREET, SUITE 100
EDMOND, OK  73034

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-81779-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-81779-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COVENTRY HEALTH AND LIFE INSURANCE COMPANY
6720B ROCKLEDGE DRIVE, SUITE 700
BETHESDA, MD  20817

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CITIZENS NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 149151
AUSTIN, TX  78714-9151

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-82082-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-82082-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00
July 12, 2019

RE: ANNUAL ASSESSMENT
LANDMARK LIFE INSURANCE COMPANY
PO BOX 40
BROWNWOOD, TX 76804

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-82252-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT                 | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALL SAVERS INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278-1719

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-82406-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-82406-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL HEALTH INSURANCE COMPANY
4455 LBJ FREEWAY, SUITE 375
DALLAS, TX 75244

CUSTOMER NUMBER
IDA000082538

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-82538-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-82538-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SWISS RE LIFE & HEALTH AMERICA INC.
175 KING STREET
ARMONK, NY 10504

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-82627-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-82627-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CSI LIFE INSURANCE COMPANY
P.O. BOX 34888
OMAHA, NE  68134

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-82880-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-82880-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TEXAS SERVICE LIFE INSURANCE COMPANY
P O BOX 341899
AUSTIN, TX  78734

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-83160-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EVERGREEN LIFE INSURANCE COMPANY
700 E. PALISADE AVENUE
ENGLEWOOD CLIFFS, NJ 07632

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-83232-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org 
OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

**ARIZONA DEPARTMENT OF INSURANCE**

July 12, 2019

RE: ANNUAL ASSESSMENT

**WELLCARE HEALTH INSURANCE OF ARIZONA, INC.**
P.O. BOX 31391
TAMPA, FL 33631-3391

---

### Assessment Details

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-83445-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
<tr>
<td>FRA20-83445-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-83445-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
8,750.00

---

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

**For questions concerning this assessment, call us at 602-364-2459.**
July 12, 2019

RE: ANNUAL ASSESSMENT
GUGGENHEIM LIFE AND ANNUITY COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ELCO MUTUAL LIFE AND ANNUITY
916 SHERWOOD DRIVE
LAKE BLUFF, IL  60044-2285

Assessment Number     Assessment Description                                      Assessment Date  Amount Due
FRA20-84174-ACT       Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]       7/12/2019       1,050.00
HCA20-84174-ACT       Health Care Appeals Fund [ARS § 20-2541(2)]                   7/12/2019       200.00

TOTAL ASSESSMENT AMOUNT : 1,250.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFICARE LIFE ASSURANCE COMPANY
9700 HEALTH CARE LANE, MN017-E900
MINNETONKA, CA  55343

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AUTO CLUB LIFE INSURANCE COMPANY
17900 NORTH LAUREL PARK DRIVE
LIVONIA, MI  48152

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-84522-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-84522-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
U.S. FINANCIAL LIFE INSURANCE COMPANY
525 WASHINGTON BOULEVARD - CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ  07310

CUSTOMER NUMBER
IDA000084530

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-84530-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SYMPHONIX HEALTH INSURANCE, INC.
1600 MCCONNOR PKWY 2ND FL
SCHAUMBURG, IL  60173

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-84549-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-84549-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SPECIALTY HEALTH INSURANCE COMPANY
10221 WATERIDGE CIRCLE
SAN DIEGO, CA  92121

American Specialty Health Insurance Company 10221 Wateridge Circle 10221 Wateridge Circle

CUSTOMER NUMBER
IDA000084697

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-84697-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-84697-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COLORADO BANKERS LIFE INSURANCE COMPANY
2327 ENGLERT DR.
DURHAM, NC  27713

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-84786-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-84786-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA  02135

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-84824-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-84824-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN UNITED LIFE ASSURANCE COMPANY
P.O. BOX 2290
SPOKANE, WA  99210

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-85189-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                              | 7/12/2019      | 1,050.00   |
HCA20-85189-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                                            | 7/12/2019      | 200.00     |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FRESENIUS HEALTH PLANS INSURANCE COMPANY
3711 S. MOPAC EXPY, BUILDING TWO, SUITE 300
AUSTIN, TX 78746

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-85286-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-85286-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL SECURITY LIFE AND ANNUITY COMPANY
PO BOX 5363
CINCINNATI, OH  45201

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-85472-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**ELIPS LIFE INSURANCE COMPANY**

211 MAIN STREET

WEBSTER, MA  01570

---

**CUSTOMER NUMBER**

IDA000085561

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-85561-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-85561-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED CONCORDIA INSURANCE COMPANY
4401 DEER PATH ROAD
HARRISBURG, PA  17110

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEMBERS LIFE INSURANCE COMPANY
POST OFFICE BOX 391
MADISON, WI  53701

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANSAMERICA LIFE INSURANCE COMPANY
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA  52499

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-86231-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-86231-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

## Arizona Department of Insurance

July 12, 2019

RE: ANNUAL ASSESSMENT

**GENERAL RE LIFE CORPORATION**

120 LONG RIDGE RD

STAMFORD, CT  06902

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-86258-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-86258-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX  77550

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-86355-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-86355-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CLOVER INSURANCE COMPANY
30 MONTGOMERY STREET, 15TH FLOOR
JERSEY CITY, NJ  07302

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-86371-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-86371-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA  30327-4390

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-86509-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-86509-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-86630-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>FRA20-86630-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-86630-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE
101 SOUTH TRYON STREET
CHARLOTTE, NC  28280

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------------------|------------------------|----------------|------------|
FRA20-87017-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-87017-ACT  | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT | 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY
13421 MANCHESTER ROAD, SUITE 204
SAINT LOUIS, MO  63131-1741

CUSTOMER NUMBER

IDA000087394

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-87394-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>FSF20-87394-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>HCA20-87394-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO  64141-0288

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-87645-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-87645-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BRIGHTHOUSE LIFE INSURANCE COMPANY
12802 TAMPA OAKS BLVD, STE 447
TEMPLE TERRACE, FL  33647

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-87726-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-87726-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPAN
4949 KELLER SPRINGS RD.
ADDISON, TX  75001-5910

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-87963-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-87963-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE INSURANCE COMPANY
1 GRIFFIN ROAD NORTH
WINDSOR, CT 06095

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-88072-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-88072-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OMAHA HEALTH INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE  68175

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-88080-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-86080-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OPTIMUM RE INSURANCE COMPANY
P O BOX 660010
DALLAS, TX  75266-0010

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-88099-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-88099-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
OR  

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

   **INSURANCE DEPARTMENT ASSESSMENT**  
   100 N. 15th Ave. # 102  
   Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COLONIAL LIFE INSURANCE COMPANY OF TEXAS
PO BOX 2543
FORT WORTH, TX  76113-2543

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-88153-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-88153-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

**RE: ANNUAL ASSESSMENT**

**AMERICAN RETIREMENT LIFE INSURANCE COMPANY**

11200 LAKELINE BLVD., SUITE 100

AUSTIN, TX  78717

**July 12, 2019**

**CUSTOMER NUMBER**

IDA000088366

**Assessment Description**

- Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
- Health Care Appeals Fund [ARS § 20-2541(2)]

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-88366-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-88366-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

| **TOTAL ASSESSMENT AMOUNT** | **1,250.00** |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
P. O. BOX 2606
BIRMINGHAM, AL  35202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-88536-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-88536-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
EMPHESYS INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY  40201-7436

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-88595-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00
HCA20-88595-ACT | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
320 PARK AVENUE
NEW YORK, NY  10022

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-88668-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-88668-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

**For questions concerning this assessment, call us at 602-364-2459.**
July 12, 2019

RE: ANNUAL ASSESSMENT
ENTERPRISE LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
801 CHERRY ST
FORT WORTH, TX 76102-2734

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-89087-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-89087-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  **1,250.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
STERLING INVESTORS LIFE INSURANCE COMPANY
10201 N. ILLINOIS ST., SUITE 280
INDIANAPOLIS, IN 46290

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-89184-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-89184-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
OHIO NATIONAL LIFE ASSURANCE CORPORATION
POST OFFICE BOX 237
CINCINNATI, OH 45201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-89206-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-89206-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN LABOR LIFE INSURANCE COMPANY
8 MARTICVILLE ROAD
LANCASTER, AZ  17603

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-89427-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-89427-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-89427-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SHELTERPOINT INSURANCE COMPANY
1225 FRANKLIN AVENUE - SUITE 475
GARDEN CITY, NY  11530

**CUSTOMER NUMBER**

IDA000089958

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-89958-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-89958-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GREAT SOUTHERN LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO  64141-0288

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-90212-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-90212-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RX LIFE INSURANCE COMPANY
P O BOX 370
ALGONA, IA  50511

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-90247-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-90247-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-90247-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,625.00

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
3200 HIGHLAND AVENUE
DOWNS GROVE, IL  60515

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-90328-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-90328-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN LIFE INSURANCE COMPANY
150 GREENWICH STREET, 4 WORLD TRADE CENTER, 54TH FLOOR
NEW YORK, NY 10007-2366

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Amount Due</th>
<th>Assessment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-90557-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>1,050.00</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>HCA20-90557-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>200.00</td>
<td>7/12/2019</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SYMETRA NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 34690
SEATTLE, WA 98124-1690

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-90581-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-90581-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN  55416-1297

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-90611-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-90611-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BEST LIFE AND HEALTH INSURANCE COMPANY
P.O BOX 19721
IRVINE, CA  92623-9721

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-90638-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-90638-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
3700 S. STONEBRIDGE DRIVE
MCKINNEY, OK  75070

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-91472-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91472-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

保险部门评估

100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNIMERICA INSURANCE COMPANY
9700 HEALTH CARE LANE
MINNETONKA, MN  55343

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-91529-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91529-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
51 MADISON AVENUE
NEW YORK, NY 10010

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-91596-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91596-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NEW ENGLAND LIFE INSURANCE COMPANY
12802 TAMPA OAKS BLVD, STE 447
TAMPA, FL  33637

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-91626-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91626-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FORETHOUGHT LIFE INSURANCE COMPANY
10 WEST MARKET STREET, SUITE 2300
INDIANAPOLIS, IN 46204

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-91642-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91642-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
IA AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 2549
WACO, TX  76702-2549

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-91693-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91693-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EQUITABLE NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 2460
SALT LAKE CITY, UT  84110-2460

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-91785-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91785-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**Governor**
Douglas A. Ducey

**Director of Insurance**
Keith A. Schraad

## ARIZONA DEPARTMENT OF INSURANCE

**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**LIFECARE ASSURANCE COMPANY**
P.O. BOX 4243
WOODLAND HILLS, CA  91365

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-91898-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>FRA20-91898-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91898-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

23,750.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

## NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN SAVINGS LIFE INSURANCE COMPANY
935 E MAIN STREET SUITE 100
MESA, AZ  85203

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-91910-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>FRA20-91910-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-91910-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**Arizona Department of Insurance**  
**Notice of Assessment**

July 12, 2019

**RE: Annual Assessment**  
Landcar Life Insurance Company  
351 West Opportunity Way, Suite 220  
Draper, UT  84020

**Please enter your CUSTOMER NUMBER on your payment.**

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92274-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92274-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: Pay easily online using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

Insurance Department Assessment  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COMPANION LIFE INSURANCE COMPANY OF CALIFORNIA
PO BOX 100102
COLUMBIA, SC  29202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92444-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92444-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRUASSURE INSURANCE COMPANY
111 SHUMAN BOULEVARD
NAPERVILLE, IL  60563

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92525-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92525-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92622-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92622-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>1,250.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH  43215-2220

CUSTOMER NUMBER
IDA000092657

Assessment Number | Assessment Description                                                                 | Assessment Date | Amount Due |
--------------------|----------------------------------------------------------------------------------------|----------------|------------|
FRA20-92657-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]                             | 7/12/2019      | 1,050.00   |
HCA20-92657-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)]                                            | 7/12/2019      | 200.00     |

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92703-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92703-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,250.00

Please enter your CUSTOMER NUMBER on your payment.

IDA000092703

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HCC LIFE INSURANCE COMPANY
225 TOWNPARK DRIVE, NW SUITE 350
KENNESAW, GA  30144-3710

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92711-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92711-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
6000 WESTOWN PARKWAY
WEST DES MOINES, IA  50266-5921

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TIER ONE INSURANCE COMPANY
1932 WYNNTON ROAD
COLUMBUS, GA 31999-0001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92908-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92908-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080
MCKINNEY, TX  75070

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-92916-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-92916-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site  (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PENN INSURANCE AND ANNUITY COMPANY, THE
PENN INSURANCE & ANNUITY COMPANY
PHILADELPHIA, PA 19172

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93262-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93262-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
C.M. LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA  01111

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Health Care Appeals Fund [ARS § 20-2541(2)]

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93432-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93432-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HM LIFE INSURANCE COMPANY
P.O. BOX 535061
PITTSBURGH, PA  15253-5061

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93440-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93440-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PAN-AMERICAN ASSURANCE COMPANY
POST OFFICE BOX 53372
NEW ORLEANS, LA 70153-3372

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-93459-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |
HCA20-93459-ACT    | Health Care Appeals Fund [ARS § 20-2541(2)] | 7/12/2019 | 200.00 |

TOTAL ASSESSMENT AMOUNT: 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GENERAL FIDELITY LIFE INSURANCE COMPANY
150 N. COLLEGE STREET, NC1-028-22-01
CHARLOTTE, NC  28255

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93521-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93521-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

PHL VARIABLE INSURANCE COMPANY
P. O. BOX 5056
HARTFORD, CT  06102-5056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93548-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93548-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RGA REINSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO  63017-1706

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93572-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93572-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
P.O. BOX 717
BOSTON, MA  02117-0717

Assessment
Number
FRA20-93610-ACT
HCA20-93610-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Health Care Appeals Fund [ARS § 20-2541(2)]
Assessment
Date
7/12/2019
7/12/2019
Amount Due
1,050.00
200.00

TOTAL ASSESSMENT AMOUNT
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**ARIZONA DEPARTMENT OF INSURANCE**

**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPA
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93629-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93629-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ANNUITY INVESTORS LIFE INSURANCE COMPANY
POST OFFICE BOX 5423
CINCINNATI, OH  45202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93661-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93661-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
QCC INSURANCE COMPANY
1901 MARKET STREET
PHILADELPHIA, PA  19103-1480

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93688-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93688-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT  

July 12, 2019  

RE: ANNUAL ASSESSMENT  
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY  
100 SALEM STREET, O2N  
SMITHFIELD, RI 02917  

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93696-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93696-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00  

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**  

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**  
INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

**NOTICE OF ASSESSMENT**

July 12, 2019

**RE: ANNUAL ASSESSMENT**

**PHOENIX LIFE AND ANNUITY COMPANY**
P. O. BOX 5056
HARTFORD, CT  06102-5056

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93734-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93734-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SECURIAN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN  55101-2098

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93742-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93742-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
### NOTICE OF ASSESSMENT

July 12, 2019

**Pavonia Life Insurance Company of Michigan**
180 Mount Airy Road
Basking Ridge, NJ 07920

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-93777-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93777-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC CENTURY LIFE INSURANCE CORPORATION
3101 NORTH CENTRAL AVENUE, SUITE 400
PHOENIX, AZ 85012

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-93815-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>7,500.00</td>
</tr>
<tr>
<td>FRA20-93815-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-93815-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 8,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GENWORTH INSURANCE COMPANY
6620 WEST BROAD STREET, BLDG 2
RICHMOND, VA  23230

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-94072-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-94072-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COUNTRY INVESTORS LIFE ASSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL  61702-2000

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-94218-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-94218-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD  21704

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-94250-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-94250-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

USABLE LIFE
P.O. BOX 1650
LITTLE ROCK, AR  72203-1650

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

### Assessment Description

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-94358-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-94358-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

July 12, 2019

RE: ANNUAL ASSESSMENT
STATE FARM HEALTH INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL  61710

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-94498-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-94498-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MEMBERS HEALTH INSURANCE COMPANY
P.O. BOX 1801
COLUMBIA, TN  38402-1801

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-94587-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
<tr>
<td>FRA20-94587-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-94587-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  2,000.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HUMANA HEALTH PLAN OF TEXAS, INC.
P.O. BOX 740036
LOUISVILLE, KY  40201-7436

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-95024-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AETNA HEALTH INC.
1425 UNION MEETING ROAD, U23S
BLUE BELL, PA 19422

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-95109-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CIGNA HEALTHCARE OF ARIZONA, INC.
25500 N. NORterra DR.
PHOENIX, AZ  85085-8200

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-95125-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>4,500.00</td>
</tr>
<tr>
<td>FRA20-95125-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td></td>
<td></td>
<td><strong>5,550.00</strong></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Jul 12, 2019

RE: ANNUAL ASSESSMENT
CHA HMO, INC.
P.O. BOX 740036
LOUISVILLE, KY 40202-7436

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-95158-ACT    | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HEALTH NET OF ARIZONA, INC.
7700 FORSYTH BLVD
SAINT LOUIS, MO  63105

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PREMIER CHOICE DENTAL, INC.
530 S. MAIN STREET
ORANGE, CA  92868

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-95224-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-95224-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-95224-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERIGROUP TEXAS, INC.
4425 CORPORATION LANE
VIRGINIA BEACH, VA  23462

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRESBYTERIAN HEALTH PLAN, INC.
PO BOX 27489
ALBUQUERQUE, NM  87125-7489

Assessment Number | Assessment Description | Assessment Date | Amount Due  
-------------------|------------------------|----------------|------------
FRA20-95330-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | | | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action. For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALPHA DENTAL OF ARIZONA, INC.
100 FIRST STREET
SAN FRANCISCO, CA  94105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-95366-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>375.00</td>
</tr>
<tr>
<td>FRA20-95366-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-95366-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFICARE OF COLORADO, INC.
9700 HEALTHCARE LANE, MN017-E900
MINNETONKA, MN  55343

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-95434-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFICARE OF ARIZONA, INC.
9700 HEALTH CARE LANE MN017-E900
MINNETONKA, MN 55343

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-95617-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>750.00</td>
</tr>
<tr>
<td>FRA20-95617-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,800.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE OF WISCONSIN, INC.
WI030-1000, 10701 WEST RESEARCH DRIVE PO BOX 26649
WAUWATOSA, WI 53226-0649

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-95710-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CARITEN HEALTH PLAN INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-95754-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

**Arizona Department of Insurance**

**July 12, 2019**

**RE: Annual Assessment**

**Humana Health Plan, Inc.**

P.O. Box 740036

Louisville, KY 40201-7436

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-95885-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**Total Assessment Amount**: $1,050.00

---

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the Total Assessment Amount** by one of the following methods (A or B):

- **A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
- **OR**
- **B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

  **Insurance Department Assessment**
  
  100 N. 15th Ave. # 102
  
  Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
MEDISUN, INC.
2901 N CENTRAL AVE, SUITE 160
PHOENIX, AZ  85012

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.


<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-95982-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>2,250.00</td>
</tr>
<tr>
<td>FRA20-95982-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENT AMOUNT</strong></td>
<td><strong>3,300.00</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE OF ARIZONA, INC.
5701 KATELLA AVE, CA 120-0309
CYPRESS, CA  90630

CUSTOMER NUMBER
IDA000096016

Please enter your CUSTOMER NUMBER on your payment.

Assessment
Assessment Description
Assessment Date
Amount Due
FSF20-96016-ACT  Financial Surveillance Fund [ARS § 20-156(G)]  7/12/2019  2,250.00
FRA20-96016-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT
3,300.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
DENTAL CARE PLUS, INC.
100 CROWNE POINT PLACE
SHARONVILLE, OH 45241

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-96265-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-96265-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
METROPOLITAN TOWER LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97136-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97136-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PLATEAU INSURANCE COMPANY
P.O. BOX 7001, 2701 NORTH MAIN STREET
CROSSVILLE, TN  38557-7001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97152-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97152-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org     OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE LIFE INSURANCE COMPANY
9700 HEALTH CARE LANE, MN017-E900
MINNETONKA, WI 55343

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97179-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97179-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SETTLERS LIFE INSURANCE COMPANY
PO BOX 1191
MADISON, WI 53701-1191

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97241-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97241-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PACIFIC LIFE & ANNUITY COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA  92660

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF20-97268-ACT</td>
<td>Financial Surveillance Fund [ARS § 20-156(G)]</td>
<td>7/12/2019</td>
<td>22,500.00</td>
</tr>
<tr>
<td>FRA20-97268-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97268-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MAGELLAN LIFE INSURANCE COMPANY
14100 MAGELLAN PLAZA
MARYLAND HEIGHTS, MO  63043

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97292-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97292-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
$1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIFE OF THE SOUTH INSURANCE COMPANY
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 500
JACKSONVILLE, FL  32256

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97691-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97691-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DIRECT GENERAL LIFE INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN  37217-2432

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97705-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97705-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
THRIVENT LIFE INSURANCE COMPANY
625 FOURTH AVENUE SOUTH MS-REG FINANCIAL
MINNEAPOLIS, MN  55415-1624

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97721-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97721-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
IDEALIFE INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT  06902

Please enter your CUSTOMER NUMBER on your payment.

**CUSTOMER NUMBER**
IDA000097764

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97764-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97764-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
US HEALTH AND LIFE INSURANCE COMPANY
8220 IRVING RD.
STERLING HEIGHTS, MI  48312

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97772-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97772-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
LIFEMAP ASSURANCE COMPANY
100 SW MARKET STREET
PORTLAND, OR 97207

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-97985-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-97985-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** $1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INFORMATION DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL FOUNDATION LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
FORT WORTH, TX  76102-2734

FRA20-98205-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00
HCA20-98205-ACT  Health Care Appeals Fund [ARS § 20-2541(2)]  7/12/2019  200.00

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-98205-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-98205-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIFESHIELD NATIONAL INSURANCE CO.
P.O. BOX 18223
OKLAHOMA CITY, OK  73154-0223

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-99724-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-99724-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

# NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FUNERAL DIRECTORS LIFE INSURANCE COMPANY
P. O. BOX 5649
ABILENE, TX  79608

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-99775-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
COLUMBUS LIFE INSURANCE COMPANY
400 EAST 4TH STREET
CINCINNATI, OH  45202-3302

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-99937-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td>HCA20-99937-ACT</td>
<td>Health Care Appeals Fund [ARS § 20-2541(2)]</td>
<td>7/12/2019</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INTERSTATE NATIONAL DEALER SERVICES, INC.
6120 POWERS FERRY ROAD NW, SUITE 200
ATLANTA, GA 30339

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207143-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

VEHICLE PROTECTION, INC.
250 NE MULBERRY
LEE'S SUMMIT, MO 64086

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TWG HOME WARRANTY SERVICES, INC.
175 W JACKSON
CHICAGO, IL  60604

Assessment Number  Assessment Description                      Assessment Date  Amount Due
FRA20-49207145-ACT  Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]  7/12/2019  1,050.00

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SERVICEPLAN, INC.
175 W JACKSON BLVD
CHICAGO, IL  60604

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SERVICE SAVER, INCORPORATED
175 W JACKSON BLVD
CHICAGO, IL  60604

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-49207147-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PABLO CREEK SERVICES, INC.
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL  32224

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207148-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
DEALER PERFORMANCE, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207149-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CONSUMER PROGRAM ADMINISTRATORS, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207150-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00
ARIZONA DEPARTMENT OF INSURANCE  
NOTICE OF ASSESSMENT  

July 12, 2019  

RE: ANNUAL ASSESSMENT  
AUTOMOTIVE WARRANTY SERVICES OF FLORIDA, INC.  
175 W JACKSON BLVD  
CHICAGO, IL  60604  

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207151-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN GUARDIAN WARRANTY SERVICES, INC.
PO BOX 768
WARRENVILLE, IL  60555

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207152-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

AAGI, INC.
1700 E GOLF ROAD, SUITE 700
SCHAUMBURG, IL  60173

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207153-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HOME GUARDIAN, INC.
1839 S ALMA SCHOOL ROAD, SUITE 350
MESA, AZ  85210

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207154-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DEALERS ALLIANCE CORPORATION
15920 ADDISON ROAD
ADDISON, TX  75001

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207155-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
RE: ANNUAL ASSESSMENT  
IWS ACQUISITION CORPORATION  
5901 BROKEN SOUND PARKWAY NW, SUITE 400  
BOCA RATON, FL 33487

July 12, 2019

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207156-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OWNERSHIELD, INC.
PO BOX 852770
RICHARDSON, TX  75081

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207157-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SAFE-GUARD PRODUCTS INTERNATIONAL, LLC
2 CONCOURSE PARKWAY, SUITE 500
ATLANTA, GA  30328

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207158-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NISSAN EXTENDED SERVICES NORTH AMERICA, GP
PO BOX 685004 (A-4-F)
FRANKLIN, TN  37068-5004

Assessment Number: FRA20-49207159-ACT
Assessment Description: Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date: 7/12/2019
Amount Due: 1,050.00

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
VISION WARRANTY CORPORATION
17555 EL CAMINO REAL
HOUSTON, TX 77058

Assessment Number | Assessment Description | Assessment Date | Amount Due
FRA20-49207160-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

VEHICLE SERVICE ADMINISTRATOR, LLC
1670 FENPARK DRIVE
FENTON, MO  63026

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207161-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS SERVICE CORPORATION
1299 ZURICH WAY
SCHAUMBURG, IL  60196

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-49207162-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED STATES WARRANTY CORP. OF FLORIDA (FN)
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO  63017-6050

Assessment Number | Assessment Description | Assessment Date | Amount Due
---|---|---|---
FRA20-49207163-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
PREMIER DEALER SERVICES, INC.
555 METRO PLACE NORTH, SUITE 6650
DUBLIN, OH 43017

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207164-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST AUTOMOTIVE SERVICE CORPORATION
PO BOX 30250
ALBUQUERQUE, NM  87190-0250

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207166-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AUTO SERVICE WARRANTIES, INC. (FN)
PO BOX 2400
MOUNTAIN HOME, AR  72654

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207168-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
A.U.L. CORP.
1250 MAIN STREET, SUITE 300
NAPA, CA  94559

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207169-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
BANKERS WARRANTY GROUP, INC.
11101 ROOSEVELT BLVD NORTH
ST PETERSBURG, FL 33716

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207171-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

| TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OLD REPUBLIC HOME PROTECTION COMPANY, INC.
PO BOX 5017
SAN RAMON, CA  94583

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207173-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SOUTHWEST GENERAL INSURANCE COMPANY
PO BOX 1377
GALLUP, NM  87305

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207174-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave.  # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HYUNDAI PROTECTION PLAN, INC.
3161 MICHELSON DRIVE, SUITE 1900
IRVINE, CA 92612

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207175-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
POWER PROTECT EXTENDED SERVICES, INC.
3161 MICHELSON DRIVE, SUITE 1900
IRVINE, CA  92612

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICA'S PREFERRED HOME WARRANTY, INC.
5775 ANN ARBOR ROAD
JACKSON, MI  49201

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207178-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WYNN'S EXTENDED CARE, INC.
6303 BLUE LAGOON DRIVE, SUITE 225
MIAMI, FL  33126-6004

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207179-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
VANTAGE WARRANTY, INC.
8834 N CAPITAL OF TX HWY, SUITE 250
AUSTIN, TX  78759

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
STARR PROTECTION SOLUTIONS, LLC
399 PARK AVENUE, 3RD FLOOR
NEW YORK, NY  10022

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207181-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PHOENIX AMERICAN WARRANTY COMPANY, INC.
6303 BLUE LAGOON DRIVE, SUITE 225
MIAMI, FL  33126-6004

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207182-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PALMER ADMINISTRATIVE SERVICES, INC.
3430 SUNSET AVENUE
OCEAN, NJ  07712

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207183-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NORTHCOAST WARRANTY SERVICES, INC.
3925 BROOKSIDE PARKWAY
ALPHARETTA, GA  30022

Assessment
Description
Assessment Date
Amount Due
FRA20-49207184-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] 7/12/2019 1,050.00

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAREGARD WARRANTY SERVICES, INC.
1900 CHAMPAGNE BLVD
GRAPEVINE, TX  76051

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207185-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
AUTO KNIGHT MOTOR CLUB, INC.
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 330
JACKSONVILLE, FL  32256

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207186-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

AMT WARRANTY CORP.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT

**UNIVERSAL WARRANTY CORPORATION**

500 WOODWARD AVE, 10TH FLOOR

DETROIT, MI 48226

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207188-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT

100 N. 15th Ave. # 102

Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SERVICEGUARD SYSTEMS, INC.
34555 CHAGRIN BLVD., SUITE 100
MORELAND HILLS, OH  44022

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207189-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ALLY SERVICE AGREEMENT CORPORATION
500 WOODWARD AVENUE, 14TH FLOOR
DETROIT, MI  48226

Assessment Number | Assessment Description | Assessment Date | Amount Due
---|---|---|---
FRA20-49207190-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FEDERAL WARRANTY SERVICE CORP.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207191

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207191-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ENDURANCE DEALER SERVICES, LLC
C/O MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL  32302

Assessment Number  | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-49207192-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT  | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

 Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ASURION WARRANTY SERVICES, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS  66211

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207193-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT

ASURION WARRANTY PROTECTION SERVICES, LLC
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS  66211

Assessment Number | Assessment Description | Assessment Date | Amount Due |
------------------|------------------------|----------------|------------|
FRA20-49207194-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ASURION TECHNOLOGY SERVICES, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS  66211

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ASURION SERVICE PLANS, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS  66211

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207196-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
# NOTICE OF ASSESSMENT

**July 12, 2019**

**ARIZONA DEPARTMENT OF INSURANCE**

RE: ANNUAL ASSESSMENT

**ASURION CONSUMER SOLUTIONS, INC.**

11460 TOMAHAWK CREEK PKWY, SUITE 300

LEAWOOD, KS  66211

---

**CUSTOMER NUMBER**

IDA049207197

Please enter your CUSTOMER NUMBER on your payment.

---

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207197-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN RELIABLE INSURANCE COMPANY
8667 E HARTFORD DRIVE, SUITE 255
SCOTTSDALE, AZ  85255

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207198-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AUTOGUARD ADVANTAGE CORPORATION
5500 FRANTZ ROAD, SUITE 100
DUBLIN, OH 43017

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-49207200-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

**For questions concerning this assessment, call us at 602-364-2459.**
July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL SERVICE PROVIDER, INC.
PO BOX 2840
SCOTTSDALE, AZ  85252-2840

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207202-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EFG HOME SERVICES, LLC
PO BOX 167667
IRVING, TX 75016

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207203-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY NATIONAL HOME WARRANTY CO.
1850 GATEWAY BLVD, SUITE 400
CONCORD, CA  94520

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207204-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MPP CO., INC.
PO BOX 634
SHAWNEE MISSION, KS  66201

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-49207205-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**Total Assessment Amount** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PLATINUM HOME PROTECTION, LLC
16211 N SCOTTSDALE ROAD, SUITE A6A-478
SCOTTSDALE, AZ  85254

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TMI SOLUTIONS, LLC
C/O KEN LEVINE, COZEN
1 N CLEMATIS ST, SUITE 510
W PALM BEACH, FL 33401

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207208-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE

NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WARRANTY GLOBAL GROUP, INC.
PO BOX 2748
ADDISON, TX  75001

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207209-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ASURION SERVICES, LLC
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207210-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTURION SERVICE CORP.
525 W 21ST STREET
TEMPE, AZ  85282

### NOTICE OF ASSESSMENT

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207211-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

RE: ANNUAL ASSESSMENT
SENTINEL SERVICE CORP.
525 W 21ST STREET
TEMPE, AZ  85282

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207212-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
COMPLETE PRODUCT CARE CORP.
360 3RD STREET, 6TH FLOOR
SAN FRANCISCO, CA  94107

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207213-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR  
**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ENTERPRISE FINANCIAL GROUP, INC.
PO BOX 167667
IRVING, TX  75016

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207214-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GAI WARRANTY COMPANY
301 E 4TH STREET
CINCINNATI, OH 45202

Assessment
Number
FRA20-49207216-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment
Date
7/12/2019
Amount Due
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):
A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org
OR
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
GLOBAL AUTO SOLUTIONS, INC.
425 METRO PLACE N, SUITE 300
DUBLIN, OH  43017

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207217-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GS ADMINISTRATORS, INC.
1345 ENCLAVE PARKWAY
HOUSTON, TX  77077

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-49207218-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HOME WARRANTY OF AMERICA, INC.
1371 ABBOTT COURT, SUITE A
BUFFALO GROVE, IL  60089

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207219-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HOMEGUARD HOMEWARRANTY, INC.
510 MADERA AVE
SAN JOSE, CA  95112

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207220-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
IAS WARRANTY, INC.
PO BOX 204329
AUSTIN, TX 78720

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207221-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL AUTO CARE CORPORATION
440 POLARIS PARKWAY, SUITE 250
WESTERVILLE, OH  43082

Assessment Number  | Assessment Description                                      | Assessment Date | Amount Due |
---------------------|-------------------------------------------------------------|-----------------|------------|
FRA20-49207222-ACT  | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]    | 7/12/2019       | 1,050.00   |

**TOTAL ASSESSMENT AMOUNT**
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL WARRANTY CORPORATION
PO BOX 7668
SPRINGFIELD, OR 97475

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207223-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OWNERSGUARD CORPORATION
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX  30009-7602

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207225-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
QBE ADMINISTRATION SERVICES, INC.
PO BOX 779
SHELBY, OH 44875-0779

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-49207226-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SAFEWARE, THE INSURANCE AGENCY, INC.
5700 PERIMETER DRIVE, SUITE E
DUBLIN, OH  43017

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-49207227-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | | | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WEST COAST ASSURANCE COMPANY
22 NE 22ND AVENUE
POMPANO BEACH, FL 33062

CUSTOMER NUMBER

IDA049207228

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due  
-------------------|------------------------|---------------|-------------
FRA20-49207228-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN AUTO SHIELD, LLC
1597 COLE BLVD, SUITE 200
LAKEWOOD, CO 80401

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207229-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AIG WARRANTYGUARD, INC.
650 MISSOURI AVE
JEFFERSONVILLE, IN 47130

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207230-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN GENERAL DEALER SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO  63017-6050

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207231-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WARRANTY SUPPORT SERVICES, LLC
6010 ATLANTIC BLVD
NORCROSS, GA 30071-1303

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207232-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED CAR CARE, INC.
PO BOX 3988
GREENWOOD VILLAGE, CO  80155-3988

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207233-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

|  | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SERVICE NET WARRANTY, LLC
650 MISSOURI AVE
JEFFERSONVILLE, IN 47130

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

PROTECTIVE ADMINISTRATIVE SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO 63017-6050

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-49207235-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATION MOTOR CLUB, LLC
800 YAMATO ROAD, SUITE 100
BOCA RATON, FL  33431

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207237-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EXPRESS SYSTEMS, INC.
25541 COMMERCENTRE DRIVE, SUITE 100
LAKE FOREST, CA  92630

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207238-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et all]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HOME SHIELD OF ARIZONA, INC.
150 PEABODY PLACE
MEMPHIS, TN  38103

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207240-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HOME WARRANTY ADMINISTRATOR OF ARIZONA, INC.
90 WASHINGTON VALLEY ROAD
BEDMINSTER, NJ 07921

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207241-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED SERVICE PROTECTION CORPORATION
11222 QUAIL ROOST DRIVE
MIAMI, FL  33157

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207242-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SELECT HOME WARRANTY, LLC
1 INTERNATIONAL BOULEVARD, SUITE 400
MAHWAH, NJ  07495

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ROYAL ADMINISTRATION SERVICES, INC.
51 MILL STREET, BUILDING F
HANOVER, MA. 02339

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-49207244-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HOME BUYERS RESALE WARRANTY CORPORATION
13900 E HARVARD AVENUE
AURORA, CO  80014

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207246-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT

3M COMPANY
3050 CENTRE POINTE DRIVE, SUITE 50
ROSEVILLE, MN 55113

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207248-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED STATES WARRANTY E.S.P. CORPORATION
6150 PARKLAND BLVD, SUITE 100
MAYFIELD HEIGHTS, OH  44124

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207249-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PORTFOLIO SERVICES LIMITED, INC.
25541 COMMERCENTRE DRIVE, SUITE 100
LAKE FOREST, CA  92630

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207251-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL HOME WARRANTY, LLC
1675 S MOJAVE ROAD
LAS VEGAS, NV  89104

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207252-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIDELITY WARRANTY SERVICES, INC.
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL  33442

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207253-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**  
**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ETHOS GROUP, INC.
370 LAS COLINAS BLVD W, SUITE 108
IRVING, TX  75039

Assessment Number | Assessment Description | Assessment Date | Amount Due
------------------|------------------------|----------------|---------
FRA20-49207254-ACT| Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DIMENSION SERVICE CORPORATION
5500 FRANTZ ROAD, SUITE 100
DUBLIN, OH 43017

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207255-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CNA WARRANTY SERVICES, INC.
151 N FRANKLIN STREET
CHICAGO, IL  60606

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207256-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTURY WARRANTY SERVICES, INC.
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207257-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
CENTURY AUTOMOTIVE SERVICE CORPORATION
6565 AMERICAS PARKWAY NE, SUITE 1000
ALBUQUERQUE, NM  87002

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN WATER RESOURCES, LLC
1 WATER STREET
CAMDEN, NJ  08102

Assessment
Number
FRA20-49207260-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment
Date
7/12/2019
Amount
Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PREFERRED WARRANTIES, INC.
PO BOX 278
ORWIGSBURG, PA 17961

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-49207262-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
TOYOTA MOTOR INSURANCE SERVICES, INC.
6565 HEADQUARTERS DRIVE, W2-5D
PLANO, TX 75024

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207263-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WARRANTY SOLUTIONS ADMINISTRATIVE SERVICES, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX  76021

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|-------------------------|----------------|------------|
FRA20-49207264-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LANDMARK HOME WARRANTY, LLC
PO BOX 570
RIVERTON, UT  84065

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207265-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EXTENDED VEHICLE PROTECTION, LLC
26001 LAWRENCE AVE
CIMS: 423-04-06
CENTER LINE, MI  48015

Customer Number

IDA049207266

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207266-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
PRIME RESERVE PLUS, INC.
1900 CHAMPAGNE BLVD
GRAPEVINE, TX 76051

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207267-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LANDCAR AGENCY, INC.
351 W OPPORTUNITY WAY, SUITE 220
DRAPER, UT  84020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207268-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
Governor Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MINNEHOMA AUTOMOBILE ASSOCIATION, INC.
PO BOX 35008
TULSA, OK 74153-0008

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207269-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SUBARU OF AMERICA SERVICES, INC.
PO BOX 9103
CAMDEN, NJ  08101-9877

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NWAN, INC.
8370 DOW CIRCLE, SUITE 100
STRONGSVILLE, OH  44136

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207271-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer commits any violation of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
UTILITY SERVICE PARTNERS PRIVATE LABEL, INC.
4000 TOWN CENTER BOULEVARD, SUITE 400
CANONSBURG, PA  15317

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-49207272-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT** | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
HOMESURE OF AMERICA, INC.
4700 EXCHANGE COURT, SUITE 300
BOCA RATON, FL 33431

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207273-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HELZBERG'S DIAMOND SHOPS, INC.
1825 SWIFT
NORTH KANSAS CITY, MO  64116

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207274-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT  1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
BFS OF ARIZONA, INC.
3500 N 28TH TERRACE
HOLLYWOOD, FL  33020

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207275-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
WESTERN SERVICE CONTRACT CORP.
2200 GENC ROAD SUITE 200
PALO ALTO, CA  94303

Customer Number

IDA049207276

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|-------------------------|-----------------|------------|
FRA20-49207276-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
WARRANTECH CONSUMER PRODUCT SERVICES, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX  76021

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207277-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
WARRANTECH AUTOMOTIVE, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX  76021

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due
--- | --- | --- | ---
FRA20-49207279-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ONEGUARD ARIZONA, LLC
20410 N 19TH AVENUE
PHOENIX, AZ  85027

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207280-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MERCURY SELECT MANAGEMENT COMPANY, INC.
PO BOX 728847
OKLAHOMA CITY, OK  73172-8847

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207281-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HOME SECURITY OF AMERICA, INC.
15 PEABODY PLACE
MEMPHIS, TN  38120

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207282-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GWC WARRANTY CORPORATION
PO BOX 7900
WILKES-BARRE, PA  18773-7900

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FIRST AMERICAN HOME WARRANTY CORPORATION
PO BOX 8030
WEST HILLS, CA 91309

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207284-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

**July 12, 2019**

**RE: ANNUAL ASSESSMENT**

**BRIGHTSTAR DEVICE PROTECTION, LLC**

2325 LAKEVIEW PARKWAY, SUITE 700

ALPHARETTA, GA  30009

---

**CUSTOMER NUMBER**

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>IDA049207285</th>
</tr>
</thead>
</table>

*Please enter your CUSTOMER NUMBER on your payment.*

---

**Assessment Number** | **Assessment Description** | **Assessment Date** | **Amount Due** |
----------------------|----------------------------|---------------------|----------------|
FRA20-49207285-ACT   | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019           | 1,050.00       |

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

---

**Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):**

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**

100 N. 15th Ave. # 102

Phoenix, AZ  85007-2624

---

**Make sure we receive your payment by or before August 9, 2019.**

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

---

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
RED SHIELD ADMINISTRATION, INC.
120 N 44TH STREET, SUITE 410
PHOENIX, AZ  85034

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207287-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AUTOXCEL CORPORATION
272 N FRONT STREET, SUITE 500
WILMINGTON, NC  28401

Please enter your CUSTOMER NUMBER on your payment.

CUSTOMER NUMBER

IDA049207288

Assessment Number | Assessment Description | Assessment Date | Amount Due
---|---|---|---
FRA20-49207288-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TRANS CITY SERVICE CORPORATION
7500 E MCDONALD DRIVE, SUITE 720
SCOTTSDALE, AZ  85250-6000

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207289-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
COBB HOME WARRANTIES, LLC
5650 E 22ND STREET
TUCSON, AZ  85711

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-49207291-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN HONDA PROTECTION PRODUCTS CORPORATION
20800 MADRONA AVENUE, SUITE 2-D
TORRANCE, CA  90503

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207294-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ZCSC, LLC
PO BOX 152762
IRVING, TX 75015

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207295-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | **1,050.00**

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
4WARRANTY CORPORATION
10151 DEERWOOD PARK BLVD
BUILDING 100, SUITE 330
JACKSONVILLE, FL 32256

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207296-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT**
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

---

July 12, 2019

RE: ANNUAL ASSESSMENT
UNITED SERVICE CONTRACT GROUP, LLC
14100 58TH STREET NORTH
CLEARWATER, FL 33760

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207297-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PRCO, INC.
3690 MOUNT DIABLO BLVD
LAFAYETTE, CA  94549

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207298-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HOMELIFE WARRANTY PROTECTION, LLC
PO BOX 141
GILBERT, AZ  85299

Assessment
Number
FRA20-49207299-ACT

Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]

Assessment
Date
7/12/2019

Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
CARGUARD ADMINISTRATION, INC.
120 N 44TH STREET, SUITE 410
PHOENIX, AZ 85034

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207300-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SILVERROCK AUTOMOTIVE, INC.
1720 W RIO SALADO PARKWAY
TEMPE, AZ 85281

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207301-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT  
SONSIO INTERNATIONAL, INC.  
5630 WARD ROAD  
ARVADA, CO  80002

Assessment Number | Assessment Description | Assessment Date | Amount Due |
-------------------|------------------------|----------------|------------|
FRA20-49207302-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

TOTAL ASSESSMENT AMOUNT | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ALPHA WARRANTY SERVICES, INC.
12166 S REDWOOD ROAD
RIVERTON, UT  84065

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207303-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
NORTH AMERICAN WARRANTY, INC.
175 W JACKSON BLVD
CHICAGO, IL  60604

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207304-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EXTENDED PROTECTION ADMINISTRATION, INC.
PO BOX 768
WARRENVILLE, IL 60555

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AEGIS EXTENDED SERVICE, LLC
1298 KIFER ROAD, SUITE 508
SUNNYVALE, CA  94086

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207306-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
RESIDENTIAL WARRANTY SERVICES, INC.
PO BOX 797
CARMEL, IN 46082

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207307-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SIGNET SERVICE PLANS, INC.
375 GHENT ROAD
ATTN: TAX DEPT
AKRON, OH  44333

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207308-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAL-TEX PROTECTIVE COATINGS, INCORPORATED
7455 NATURAL BRIDGE CAVERNS ROAD
SCHERTZ, TX  78154

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT

GOPRO CARE, INC.
3000 CLEARVIEW WAY
SAN MATEO, CA  94402

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207310-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
VWFS PROTECTION SERVICES, INC.
C/O STEPHEN MCDANIEL, MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL  32302

Assessment Number: FRA20-49207311-ACT
Assessment Description: Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date: 7/12/2019
Amount Due: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TOTAL HOME SHIELD OF ARIZONA, INC.
300 MCGAW DRIVE, 2ND FLOOR
EDISON, NJ  08837

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207312-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GLOBE HOME WARRANTY COMPANY
PO BOX 620395
ORLANDO, FL  32862-0395

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207313-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SILVERROCK AUTOMOTIVE OF FLORIDA, INC.
1720 W RIO SALADO PKWY
TEMPE, AZ  85281

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--- | --- | --- | --- |
FRA20-49207314-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SISKIN ENTERPRISES, INC.
PO BOX 58
SALT LAKE CITY, UT  84110

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207315-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: **PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TIRE SHIELD, INC.
155 SUPREME COURT
ST AUGUSTINE, FL  32086

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207316-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TT OF FIRST MILE SERVICES, INC.
C/O MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL  32302

CUSTOMER NUMBER

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due
-------|------------------------|----------------|----------
FRA20-49207317-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OMEGA VEHICLE SERVICES, LLC
1800 JOHN F KENNEDY BLVD, #300
PHILADELPHIA, PA  19103

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207318-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FURNITURE CARE PROTECTION, INC.
609 S KELLY AVE, SUITE E8
EDMOND, OK  73003

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-49207319-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JM CARE PLAN, INC.
24 JEWELERS PARK DRIVE
NEENAH, WI  54956

CUSTOMER NUMBER
IDA049207320

Assessment Number: FRA20-49207320-ACT
Assessment Description: Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date: 7/12/2019
Amount Due: 1,050.00

TOTAL ASSESSMENT AMOUNT: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AMERICAN WARRANTY CORPORATION
4514 TRAVIS STREET, SUITE 200
DALLAS, TX  75205

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-501106879-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AXIOM PRODUCT ADMINISTRATION, LLC
8651 HIGHWAY N SUITE 201
LAKE ST. LOUIS, MO  63367

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-501130441-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT: 1,050.00

Please enter your CUSTOMER NUMBER on your payment.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NOBILIS ADMINISTRATIVE SERVICES, INC.
5100 N O’CONNOR BLVD, SUITE 100
IRVING, TX 75039

Assessment Description | Assessment Date | Amount Due
-----------------------|-----------------|------------
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | $1,050.00

TOTAL ASSESSMENT AMOUNT | $1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HOME SERVICE CLUB WARRANTY CORP.
C/O COZEN O'CONNOR - ATTN: K. LEVINE
ONE N. CLEMATIS STREET, SUITE 510
WEST PALM BEACH, FL  33401

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-501515973-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
FREEDOM WARRANTY OF AMERICA, LLC
117 LEE PARKWAY DRIVE, SUITE 103
CHATTANOOGA, TN 37421

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CONTINENTAL WARRANTY, INC.
PO BOX 207
CLAYMONT, DE  19703

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-501845788-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
HSB SECURE SERVICES, INC.
PO BOX 5024
HARTFORD, CT  06102-5024

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-502476270-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**: 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B**: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
ELITE WARRANTY, INC.
PO BOX 404
SPRINGVILLE, UT  84663

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-502604183-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
SUPER HOME CALIFORNIA, INC.
120 2ND STREET, 4TH FLOOR
SAN FRANCISCO, CA  94105

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-502715965-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
SHERWOOD MANAGEMENT CO., INC.
5700 HANNUM AVENUE, SUITE 200
CULVER CITY, CA  90230

CUSTOMER NUMBER
ID4502830908

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number | Assessment Description | Assessment Date | Amount Due |
--------------------|------------------------|----------------|------------|
FRA20-502830908-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
GUARDSMAN US LLC
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

Assessment
Number
FRA20-502864936-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date
7/12/2019
Amount Due
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. #102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
MATRIX CAPITAL SERVICES, LLC (FN)
3100 MCKINNON, SUITE 420
DALLAS, TX  75201

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
## NOTICE OF ASSESSMENT

**July 12, 2019**

RE: ANNUAL ASSESSMENT  
NATIONAL HOME REPAIR WARRANTY, INC.  
3925 BROOKSIDE PARKWAY  
ALPHARETTA, GA  30022

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-504120382-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**CUSTOMER NUMBER**  
IDA504120382

Please enter your CUSTOMER NUMBER on your payment.

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
FORTRESS WARRANTY CORP.
C/O DAC, ATTN: LISA KIRK
15920 ADDISON ROAD
ADDISON, TX  75001

Assessment Number | Assessment Description | Assessment Date | Amount Due
FRA20-504388264-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PROTECT MY CAR, LLC
570 CARILLON PARKWAY, SUITE 300
ST. PETERSBURG, FL  33716

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-504756865-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
DENT WIZARD WARRANTY COMPANY, LLC
4710 EARTH CITY EXPRESSWAY
BRIDGETON, MO  63044

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-504761289-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAPITAL PROCESSING SYSTEMS, INC.
PO BOX 241274
CHARLOTTE, NC  28224

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505231346-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
INTEGRITY WARRANTY, LLC
9325 APISON PIKE, SUITE 101
OOLTeway, TN  37363

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
PREFERRED PROTECTION SERVICES, LLC
PO BOX 2840
SCOTTSDALE, AZ  85252-2804

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505456259-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A**: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SPORTSMAN'S WAREHOUSE, INC.
7035 S HIGH TECH DRIVE, SUITE 200
MIDVALE, UT  84047

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505465790-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
**NOTICE OF ASSESSMENT**

July 12, 2019

RE: ANNUAL ASSESSMENT
C.A.R.S. PROTECTION PLUS, INC.
4431 WILLIAM PENN HIGHWAY, SUITE 1
MURRYSVILLE, PA  15668

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505517347-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
OMNIDIAN, INC.
107 SPRING STREET
SEATTLE, WA  98104

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505580289-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

OR

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MARATHON ADMINISTRATIVE CO., INC.
PO BOX 961
O'FALLON, IL  62269

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505891357-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CENTRAL ADMINISTRATIVE SERVICE CORPORATION, INC.
120 N 44TH STREET, SUITE 410
PHOENIX, AZ  85034

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505952154-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
DIVERSIFIED INSURANCE FACILITIES, INC.
18 AUGUSTA PINES DRIVE, SUITE 220W
SPRING, TX  77389

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-505969000-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
LIBERTY HOME GUARD, LLC
4101A AVENUE U
BROOKLYN, NY  11234

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506019668-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org  
OR  
B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
HOMEGUARD HOMEWARRANTY OF ARIZONA, INC.
510 MADERA AVENUE
SAN JOSE, CA  95112

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506213534-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
NATIONAL HOME WARRANTY, INC.
1675 S MOJAVE ROAD
LAS VEGAS, NV  89104

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SUNNOVA ENERGY CORPORATION
PO BOX 56229
HOUSTON, TX  77256

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506479919-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

| 1,050.00 |

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
RIPROCK HOLDING, LLC
3460 LOTUS DRIVE, SUITE 150
PLANO, TX  75075

Please enter your CUSTOMER NUMBER on your payment.

CUSTOMER NUMBER
IDA506496828

Assessment Number | Assessment Description | Assessment Date | Amount Due
---|---|---|---
FRA20-506496828-ACT | Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

TOTAL ASSESSMENT AMOUNT | 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
AMAZON WARRANTY ADMINISTRATORS OF ARIZONA, LLC
C/O MEENAN PA ATTN: JAMES ROSS
PO BOX 11247
TALLAHASSEE, FL  32302

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506866213-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SAN TAN TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ  85225

Assessment number
Assessment Description
FRA20-506955543-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
TJ AUTOMOTIVE LLC
3210 N DELAWARE STREET
CHANDLER, AZ  85225

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506955544-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:**

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
ALMA SCHOOL TIRE & AUTO, LLC
3210 N DELAWARE STREET
CHANDLER, AZ  85225

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
GERMANN TIRE & AUTO, LLC
3210 N DELAWARE STREET
CHANDLER, AZ  85225

CUSTOMER NUMBER
IDA506963701

Please enter your CUSTOMER NUMBER on your payment.

**Assessment Number** | **Assessment Description** | **Assessment Date** | **Amount Due**
--- | --- | --- | ---
FRA20-506963701-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al] | 7/12/2019 | 1,050.00

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JOHNSON RANCH TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ  85225

Please enter your CUSTOMER NUMBER on your payment.

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506963702-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:
INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
JT AUTOMOTIVE LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

![Customer Number]

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506963703-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
MARICOPA TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ  85225

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506963704-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT** | 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.

July 12, 2019

RE: ANNUAL ASSESSMENT
MCKELLIPS TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ  85225

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-506963705-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

ID # 506963706

RE: ANNUAL ASSESSMENT

VAL VISTA TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

Assessment Number: FRA20-506963706-ACT
Assessment Description: Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment Date: 7/12/2019
Amount Due: 1,050.00

TOTAL ASSESSMENT AMOUNT: 1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
SYNERGY ADMINISTRATORS, LLC
6010 ATLANTIC BOULEVARD
NORCROSS, GA 30071

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-507125272-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

TOTAL ASSESSMENT AMOUNT 1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
EGV COMPANIES, INC.
50 N LAURA STREET, SUITE 2500
JACKSONVILLE, FL  32202

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-507162342-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**  
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org**

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT  
100 N. 15th Ave. # 102  
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
July 12, 2019

RE: ANNUAL ASSESSMENT
CAPITAL AUTO PROTECTION SERVICES, LLC
801 W CANNON STREET
FORT WORTH, TX  76104

Assessment
Number
FRA20-507491584-ACT
Assessment Description
Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
Assessment
Date
7/12/2019
Amount Due
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
AHWC, INC.
3601 WALNUT STREET, #700
DENVER, CO  80205

<table>
<thead>
<tr>
<th>Assessment Number</th>
<th>Assessment Description</th>
<th>Assessment Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRA20-507508656-ACT</td>
<td>Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]</td>
<td>7/12/2019</td>
<td>1,050.00</td>
</tr>
</tbody>
</table>

**TOTAL ASSESSMENT AMOUNT**

1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

**A:** PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

**OR**

**B:** If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ  85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.
NOTICE OF ASSESSMENT

July 12, 2019

RE: ANNUAL ASSESSMENT
ONPOINT WARRANTY SOLUTIONS, LLC
9900 CORPORATE CAMPUS DRIVE, SUITE 2050
LOUISVILLE, KY 40223

Please enter your CUSTOMER NUMBER on your payment.

Customer Number
IDA507508657

Assessment
Assessment Description
Assessment Date
Amount Due
FRA20-507508657-ACT Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]
7/12/2019
1,050.00

TOTAL ASSESSMENT AMOUNT
1,050.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 9, 2019.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.