



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PARTNERRE INSURANCE COMPANY OF NEW YORK
ONE GREENWICH PLAZA
GREENWICH, CT 06830-6352

CUSTOMER NUMBER
IDA000010006

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10006-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10006-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEVADA GENERAL INSURANCE COMPANY
5685 WEST SPRING MOUNTAIN ROAD
LAS VEGAS, NV 89146

CUSTOMER NUMBER
IDA000010007

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10007-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10007-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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July 1, 2016

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

CUSTOMER NUMBER
IDA000010014



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10014-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTCHESTER FIRE INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000010030

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10030-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10030-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LYNDON SOUTHERN INSURANCE COMPANY
10151 DEERWOOD PARK BOULEVARD, BLDG 100, SUITE 500
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000010051

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10051-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-10051-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10051-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHUBB NATIONAL INSURANCE COMPANY
P.O. BOX 1615
15 MOUNTIAN VIEW ROAD
WARREN, NJ 07061-1615

CUSTOMER NUMBER
IDA000010052

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10052-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURIAN CASUALTY COMPANY
2960 RIVERSIDE DRIVE
MACON, GA 31204

CUSTOMER NUMBER
IDA000010054

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10054-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL CO
P.O. BOX 189
CHESHIRE, CT 06410-0189

CUSTOMER NUMBER
IDA000010069

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10069-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10069-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010071

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10071-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10071-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010072

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10072-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10072-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN AGRICULTURAL INSURANCE COMPANY
1501 EAST WOODFIELD ROAD, SUITE 300W
SCHAUMBURG, IL 60173-5422

CUSTOMER NUMBER
IDA000010103

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10103-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10103-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VICTORIA SELECT INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010105

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10105-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010111

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10111-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10111-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10111-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EVEREST NATIONAL INSURANCE COMPANY
P.O. BOX 830
477 MARTINSVILLE ROAD
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000010120

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10120-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-10120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALLIED INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010127


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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10127-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-10127-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10127-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010130

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10130-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010155

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10155-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10155-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHOENIX HEALTH PLANS, INC.
7878 NORTH 16TH STREET, SUITE 105
PHOENIX, AZ 85020

CUSTOMER NUMBER
IDA000010160



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10160-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-10160-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
HCA17-10160-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010166

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10166-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10166-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOUNTAIN STATES INDEMNITY COMPANY
P.O. BOX 93254
ALBUQUERQUE, NM 87199-3254

CUSTOMER NUMBER
IDA000010177



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10177-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FCCI INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
FCCI INSURANCE GROUP
SARASOTA, FL 34240-8424

CUSTOMER NUMBER
IDA000010178

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10178-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10178-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HISCOX INSURANCE COMPANY INC.
104 SOUTH MICHIGAN AVENUE, SUITE 600
CHICAGO, IL 60603

CUSTOMER NUMBER
IDA000010200



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10200-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-10200-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONSUMERS INSURANCE USA, INC.
P.O. BOX 12269
MURFREESBORO, TN 37129

CUSTOMER NUMBER
IDA000010204



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10204-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10204-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA 01653

CUSTOMER NUMBER
IDA000010212



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10212-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10212-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN CONTRACTORS INDEMNITY COMPANY
601 SOUTH FIGUEROA STREET, SUITE 1600
LOS ANGELES, CA 90017

CUSTOMER NUMBER
IDA000010216

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10216-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
QBE REINSURANCE CORPORATION
88 PINE STREET, 4TH FLOOR, WALL STREET PLAZA
NEW YORK, NY 10005-1801

CUSTOMER NUMBER
IDA000010219

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10219-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10219-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10219-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010220

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10220-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10220-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010222

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10222-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10222-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITRIN DIRECT INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 3700
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010226

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10226-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10226-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUNICH REINSURANCE AMERICA, INC.
555 COLLEGE ROAD EAST
PRINCETON, NJ 08543-5241

CUSTOMER NUMBER
IDA000010227

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10227-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10227-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10227-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SOUTHERN INSURANCE COMPANY
P.O. BOX 723030
ATLANTA, GA 31139-0030

CUSTOMER NUMBER
IDA000010235



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10235-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10235-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURA SUPREME INSURANCE COMPANY
P.O. BOX 819
2401 SOUTH MEMORIAL DRIVE
APPLETON, WI 54912-0819

CUSTOMER NUMBER
IDA000010239

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10239-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10239-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010243

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10243-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10243-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10243-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010245

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10245-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10245-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PMI INSURANCE CO.
2025 NORTH THIRD STREET, SUITE 260
PHOENIX, AZ 85004-1487

CUSTOMER NUMBER
IDA000010287

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10287-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-10287-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
TOTAL ASSESSMENT AMOUNT			2,850.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST ACCEPTANCE INSURANCE COMPANY, INC.
P.O. BOX 23410
NASHVILLE, TN 37202

CUSTOMER NUMBER
IDA000010336

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10336-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10336-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STONINGTON INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000010340

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10340-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10340-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS PREFERRED INSURANCE COMPANY
10375 PROFESSIONAL CIRCLE
RENO, NV 89521

CUSTOMER NUMBER
IDA000010346

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10346-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10346-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010348

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10348-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10348-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010351



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10351-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10351-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AVEMCO INSURANCE COMPANY
8490 PROGRESS DRIVE, SUITE 100
FREDERICK, MD 21701

CUSTOMER NUMBER
IDA000010367

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10367-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10367-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-10367-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000010386

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10386-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10386-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010391

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10391-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10391-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-10391-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AFFIRMATIVE DIRECT INSURANCE COMPANY
4450 SOJOURN, SUITE 500
ADDISON, TX 75001

CUSTOMER NUMBER
IDA000010413

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10413-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10413-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CANAL INSURANCE COMPANY
P.O. BOX 7
GREENVILLE, SC 29602

CUSTOMER NUMBER
IDA000010464

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10464-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10464-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010472

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10472-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10472-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10472-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COREPOINTE INSURANCE COMPANY
401 SOUTH OLD WOODWARD AVENUE, SUITE 300
BIRMINGHAM, MI 48009

CUSTOMER NUMBER
IDA000010499

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
MAP17-10499-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/9/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CAROLINA CASUALTY INSURANCE COMPANY
5011 GATE PARKWAY, BUILDING 200, SUITE 200
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000010510

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10510-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10510-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-10510-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010638

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10638-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10638-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS INSURANCE COMPANY OF NEVADA
10375 PROFESSIONAL CIRCLE
RENO, NV 89521

CUSTOMER NUMBER
IDA000010640

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10640-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10640-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ENDURANCE AMERICAN INSURANCE COMPANY
4 MANHATTANVILLE ROAD, 3RD FLOOR
PURCHASE, NY 10577

CUSTOMER NUMBER
IDA000010641

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10641-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10641-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHEROKEE INSURANCE COMPANY
34200 MOUND ROAD
STERLING HEIGHTS, MI 48310

CUSTOMER NUMBER
IDA000010642



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10642-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-10642-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10642-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VICTORIA AUTOMOBILE INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010644

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10644-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10644-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202-4201

CUSTOMER NUMBER
IDA000010646

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10646-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10646-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENEVA INSURANCE COMPANY
P.O. BOX 44807
INDIANAPOLIS, IN 46244-4807

CUSTOMER NUMBER
IDA000010648



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHURCH INSURANCE COMPANY
19 EAST 34TH STREET
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000010669



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10669-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10669-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010671

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10671-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10671-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SCOTTSDALE SURPLUS LINES INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010672

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10672-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-10672-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
MAP17-10672-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,650.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CSAA MID-ATLANTIC INSURANCE COMPANY
2550 WEST UNION HILLS DRIVE, SUITE 350
PHOENIX, AZ 85027

CUSTOMER NUMBER
IDA000010675

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10675-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10675-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST GUARD INSURANCE COMPANY
200 NOKOMIS AVENUE SOUTH, 4TH FLOOR
VENICE, FL 34285

CUSTOMER NUMBER
IDA000010676

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-10676-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-10676-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10676-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010677



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10677-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10677-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10677-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MGIC CREDIT ASSURANCE CORPORATION
P.O. BOX 756
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000010682

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10682-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010690

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10690-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10690-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-10690-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CIVIL SERVICE EMPLOYEES INSURANCE COMPANY
2121 NORTH CALIFORNIA BOULEVARD, SUITE 900
WALNUT CREEK, CA 94596

CUSTOMER NUMBER
IDA000010693

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10693-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-10693-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10693-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE ASSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010723

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10723-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10723-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EASTERN ALLIANCE INSURANCE COMPANY
P.O. BOX 83777
LANCASTER, PA 17608-3777

CUSTOMER NUMBER
IDA000010724

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10724-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10724-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010730

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10730-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TM SPECIALTY INSURANCE COMPANY
230 PARK AVENUE
NEW YORK, NY 10169

CUSTOMER NUMBER
IDA000010738

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10738-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-10738-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
MAP17-10738-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,650.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INTREPID INSURANCE COMPANY
36455 CORPORATE DRIVE
FARMINGTON HILLS, MI 48331

CUSTOMER NUMBER
IDA000010749



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10749-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10749-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL SURETY COMPANY
123 TICE BOULEVARD, SUITE 250
WOODCLIFF LAKE, NJ 07677

CUSTOMER NUMBER
IDA000010758

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10758-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10758-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL NORTH AMERICA INSURANCE COMPANY
P.O. BOX 50908
SARASOTA, FL 34232-9800

CUSTOMER NUMBER
IDA000010759

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10759-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10759-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VICTORIA SPECIALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010777

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10777-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10777-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010783

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10783-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10783-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MAXUM CASUALTY INSURANCE COMPANY
3655 NORTH POINT PARKWAY, SUITE 500
ALPHARETTA, GA 30005

CUSTOMER NUMBER
IDA000010784

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10784-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10784-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEOVERA INSURANCE COMPANY
1455 OLIVER ROAD
FAIRFIELD, CA 94534

CUSTOMER NUMBER
IDA000010799



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10799-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PREMIER GROUP INSURANCE COMPANY
100 VINE STREET
MURFREESBORO, TN 37130

CUSTOMER NUMBER
IDA000010800

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10800-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10800-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FORTRESS INSURANCE COMPANY
6133 NORTH RIVER ROAD, SUITE 650
ROSEMONT, IL 60018-5173

CUSTOMER NUMBER
IDA000010801

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10801-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10801-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010804

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10804-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10804-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACCC INSURANCE COMPANY
390 BENMAR DRIVE, SUITE 225
HOUSTON, TX 77060-2901

CUSTOMER NUMBER
IDA000010807

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10807-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10807-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GNY CUSTOM INSURANCE COMPANY
200 MADISON AVENUE
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000010814

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-10814-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
FRA17-10814-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10814-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			2,850.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010815

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10815-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10815-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010836

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10836-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10836-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10836-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CUMIS INSURANCE SOCIETY, INC.
P.O. BOX 1084
MADISON, WI 53701-1084

CUSTOMER NUMBER
IDA000010847



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10847-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10847-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10847-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST NONPROFIT INSURANCE COMPANY
ONE SOUTH WACKER, SUITE 2380
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000010859

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10859-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10859-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN STRATEGIC INSURANCE CORP.
1 ASI WAY
ST. PETERSBURG, FL 33702

CUSTOMER NUMBER
IDA000010872

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10872-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10872-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
KEY RISK INSURANCE COMPANY
P.O. BOX 49129
GREENSBORO, NC 27419

CUSTOMER NUMBER
IDA000010885



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10885-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-10885-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10885-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CEM INSURANCE COMPANY
21805 FIELD PARKWAY
DEER PARK, IL 60010

CUSTOMER NUMBER
IDA000010891

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10891-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10891-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDWEST INSURANCE COMPANY
P.O. BOX 9560
300 SOUTH BRADFORDTON ROAD
SPRINGFIELD, IL 62711-9560

CUSTOMER NUMBER
IDA000010895

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10895-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010900

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-10900-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-10900-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMMERCIAL ALLIANCE INSURANCE COMPANY
415 LOCKHAVEN DRIVE
HOUSTON, TX 77073

CUSTOMER NUMBER
IDA000010906

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10906-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
MAP17-10906-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/9/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUN SURETY INSURANCE COMPANY
P.O. BOX 2373
RAPID CITY, SD 57709

CUSTOMER NUMBER
IDA000010909



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10909-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000010914

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10914-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10914-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITRIN DIRECT PROPERTY & CASUALTY COMPANY
ONE EAST WACKER DRIVE, SUITE 3700
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010915

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10915-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10915-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SURETEC INSURANCE COMPANY
1330 POST OAK BOULEVARD, SUITE 1100
HOUSTON, TX 77056

CUSTOMER NUMBER
IDA000010916

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10916-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CSAA FIRE & CASUALTY INSURANCE COMPANY
3055 OAK ROAD, MAILSTOP W280
WALNUT CREEK, CA 94597

CUSTOMER NUMBER
IDA000010921

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10921-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10921-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENECA INSURANCE COMPANY, INC.
160 WATER STREET, 16TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000010936

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10936-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10936-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TOKIO MARINE AMERICA INSURANCE COMPANY
230 PARK AVENUE
NEW YORK, NY 10169-0005

CUSTOMER NUMBER
IDA000010945

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10945-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-10945-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-10945-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAMERICA CASUALTY INSURANCE COMPANY
4333 EDGEWOOD ROAD, NORTHEAST
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000010952

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-10952-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-10952-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10952-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALAMANCE INSURANCE COMPANY
238 INTERNATIONAL ROAD
BURLINGTON, NC 27215-5129

CUSTOMER NUMBER
IDA000010957

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-10957-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-10957-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011000

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11000-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11000-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEMIC INDEMNITY COMPANY
1750 ELM STREET, SUITE 500
MANCHESTER, NH 03104

CUSTOMER NUMBER
IDA000011030

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11030-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11030-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STONETRUST COMMERCIAL INSURANCE COMPANY
5615 CORPORATE BOULEVARD, SUITE 700
BATON ROUGE, LA 70808

CUSTOMER NUMBER
IDA000011042

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11042-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11042-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011044

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11044-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERISURE PARTNERS INSURANCE COMPANY
P.O. BOX 2060
FARMINGTON HILLS, MI 48333-2060

CUSTOMER NUMBER
IDA000011050



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11050-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MAIDEN REINSURANCE NORTH AMERICA, INC.
6000 MIDLANTIC DRIVE, SUITE 200
MT. LAUREL, NJ 08054

CUSTOMER NUMBER
IDA000011054

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11054-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11054-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011062

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11062-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11062-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011075



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11075-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11075-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK
150 NORTHWEST POINT BOULEVARD, 3RD FLOOR
ELK GROVE VILLAGE, IL 60007

CUSTOMER NUMBER
IDA000011092

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11092-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11092-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011118



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11118-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11118-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-11118-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011121



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11121-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11121-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAFETY FIRST INSURANCE COMPANY
1832 SHUETZ ROAD
ST. LOUIS, MO 63146

CUSTOMER NUMBER
IDA000011123

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11123-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11123-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SOMPO JAPAN INSURANCE COMPANY OF AMERICA
11405 NORTH COMMUNITY HOUSE ROAD, SUITE 600
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000011126

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11126-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11126-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011127

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11127-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11127-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011134


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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11134-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11134-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-11134-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARCH INSURANCE COMPANY
300 PLAZA THREE
JERSEY CITY, NJ 07311-1107

CUSTOMER NUMBER
IDA000011150

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11150-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-11150-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11150-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AVESIS INSURANCE INCORPORATED
10324 SOUTH DOLFIELD ROAD
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000011163

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-11163-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-11163-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11163-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST FINANCIAL INSURANCE COMPANY
238 INTERNATIONAL ROAD
BURLINGTON, NC 27215

CUSTOMER NUMBER
IDA000011177

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11177-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011185

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11185-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11185-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-11185-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LOYA INSURANCE COMPANY
1800 LEE TREVINO DRIVE, SUITE 201
EL PASO, TX 79936-4117

CUSTOMER NUMBER
IDA000011198



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11198-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11198-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-11198-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HOUSING ENTERPRISE INSURANCE COMPANY, INC.
P.O. BOX 189
CHESHIRE, CT 06410-0189

CUSTOMER NUMBER
IDA000011206

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11206-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011215

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11215-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11215-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW SUTLIFF WARRANTY COMPANY
5729 WEST LIBBY STREET
GLENDALE, AZ 85308

CUSTOMER NUMBER
IDA000011226



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11226-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERALI (U.S. BRANCH)
7 WORLD TRADE CENTER
33RD FLOOR
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000011231


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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11231-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11231-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11231-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPAN
1460 WELLS STREET
ENUMCLAW, WA 98022

CUSTOMER NUMBER
IDA000011232

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALLIED EASTERN INDEMNITY COMPANY
P.O. BOX 83777
LANCASTER, PA 17608-3777

CUSTOMER NUMBER
IDA000011242

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11242-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11242-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CATERPILLAR INSURANCE COMPANY
P.O. BOX 340001
2120 WEST END AVENUE
NASHVILLE, TN 37203-0001

CUSTOMER NUMBER
IDA000011255

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11255-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11255-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011258

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11258-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SFM MUTUAL INSURANCE COMPANY
P.O. BOX 9416
MINNEAPOLIS, MN 55440-9416

CUSTOMER NUMBER
IDA000011347



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11347-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11347-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT WEST CASUALTY COMPANY
P.O. BOX 277
1100 WEST 29TH STREET
SOUTH SIOUX CITY, NE 68776

CUSTOMER NUMBER
IDA000011371

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11371-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11371-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011445

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11445-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011452

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11452-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11452-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENSTAT CASUALTY COMPANY
P.O. BOX 642180
1212 NORTH 96TH STREET
OMAHA, NE 68164-8180

CUSTOMER NUMBER
IDA000011499

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11499-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS COMPENSATION INSURANCE COMPANY
10375 PROFESSIONAL CIRCLE
RENO, NV 89521-4802

CUSTOMER NUMBER
IDA000011512

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11512-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11512-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WRIGHT NATIONAL FLOOD INSURANCE COMPANY
801 94TH AVENUE NORTH, SUITE 110
ST. PETERSBURG, FL 33702

CUSTOMER NUMBER
IDA000011523

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11523-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ENDURANCE REINSURANCE CORPORATION OF AMERICA
4 MANHATTANVILLE ROAD, 3RD FLOOR
PURCHASE, NY 10577

CUSTOMER NUMBER
IDA000011551

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11551-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-11551-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11551-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5043
THOUSAND OAKS, CA 91359-5043

CUSTOMER NUMBER
IDA000011555

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11555-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11555-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ASSURANCEAMERICA INSURANCE COMPANY
5500 INTERSTATE NORTH PARKWAY, SUITE 600
ATLANTA, GA 30328

CUSTOMER NUMBER
IDA000011558

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11558-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11558-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACCIDENT INSURANCE COMPANY, INC.
ONE HARBISON WAY, SUITE 115
COLUMBIA, SC 29212

CUSTOMER NUMBER
IDA000011573

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11573-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11573-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INTERNATIONAL FIDELITY INSURANCE COMPANY
ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NJ 07102-5207

CUSTOMER NUMBER
IDA000011592

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11592-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011595



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11595-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FRANK WINSTON CRUM INSURANCE COMPANY
100 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756

CUSTOMER NUMBER
IDA000011600

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11600-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11600-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011630

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11630-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11630-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11630-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD AMERICAN INDEMNITY COMPANY
17304 PRESTON ROAD, SUITE 1100
DALLAS, TX 75252

CUSTOMER NUMBER
IDA000011665

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11665-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11665-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
1314 DOUGLAS STREET
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000011673

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11673-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11673-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-11673-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CSAA AFFINITY INSURANCE COMPANY
2550 WEST UNION HILLS DRIVE, SUITE 350
PHOENIX, AZ 85027

CUSTOMER NUMBER
IDA000011681

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11681-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11681-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011702

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACCESS INSURANCE COMPANY
P.O. BOX 105171
ATLANTA, GA 30348

CUSTOMER NUMBER
IDA000011711

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11711-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11711-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011738

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11738-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11738-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11738-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011746

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11746-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11746-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11746-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FINANCIAL CASUALTY COMPANY
6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

CUSTOMER NUMBER
IDA000011770

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11770-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11770-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011800

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11800-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11800-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11800-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARIZONA AUTOMOBILE INSURANCE COMPANY
10409 SOUTH 50TH PLACE, SUITE 100
PHOENIX, AZ 85044

CUSTOMER NUMBER
IDA000011805

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-11805-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-11805-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11805-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011811



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11811-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FSF17-11811-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-11811-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PARTNERRE AMERICA INSURANCE COMPANY
ONE GREENWICH PLAZA
GREENWICH, CT 06830-6352

CUSTOMER NUMBER
IDA000011835

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-11835-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-11835-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11835-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDICAL PROTECTIVE COMPANY, THE
5814 REED ROAD, P.O. BOX 15021
FORT WAYNE, IN 46885

CUSTOMER NUMBER
IDA000011843



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11843-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11843-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011851

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11851-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11851-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ANCHOR SPECIALTY INSURANCE COMPANY
P.O. BOX 3730
BEAUMONT, TX 77704-3730

CUSTOMER NUMBER
IDA000011853

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11853-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11853-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011855

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11855-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11855-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPIC INSURANCE COMPANY
7351 EAST LOWRY BOULEVARD, SUITE 400
DENVER, CO 80230

CUSTOMER NUMBER
IDA000011860

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11860-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11860-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERCURY CASUALTY COMPANY
P.O. BOX 54600
LOS ANGELES, CA 90054

CUSTOMER NUMBER
IDA000011908

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11908-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11908-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WHITE PINE INSURANCE COMPANY
550 WEST MERRILL STREET, SUITE 200
BIRMINGHAM, MI 48009

CUSTOMER NUMBER
IDA000011932



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11932-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11932-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL STAR NATIONAL INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000011967

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11967-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11967-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000011991

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-11991-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-11991-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-11991-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN WILLIAMS
CATERPILLAR LIFE INSURANCE COMPANY
P.O. BOX 340001
2120 WEST END AVENUE
NASHVILLE, TN 37203-0001

CUSTOMER NUMBER
IDA000011997

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-11997-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-11997-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MBIA INSURANCE CORPORATION
1 MANHATTANVILLE ROAD, SUITE 301
PURCHASE, NY 10577

CUSTOMER NUMBER
IDA000012041

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12041-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012151

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12151-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12151-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUSSEX INSURANCE COMPANY
P.O. BOX 100165
COLUMBIA, SC 29202-3165

CUSTOMER NUMBER
IDA000012157



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12157-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12157-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: ANNUAL ASSESSMENT
COMPWEST INSURANCE COMPANY
301 HOWARD STREET # 1700
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA000012177



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12177-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN PET INSURANCE COMPANY
907 NORTHWEST BALLARD WAY
SEATTLE, WA 98107-4607

CUSTOMER NUMBER
IDA000012190

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12190-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN LIBERTY INSURANCE COMPANY, INC.
3601 NORTH UNIVERSITY AVENUE, SUITE 100
PROVO, UT 84604-6600

CUSTOMER NUMBER
IDA000012200

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12200-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CANYON INSURANCE SERVICES, INC.
5656 WEST TALAVI BOULEVARD
GLENDALE, AZ 85306

CUSTOMER NUMBER
IDA000012217



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12217-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12217-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-12217-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OMAHA INDEMNITY COMPANY, THE
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000012254



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12254-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12254-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-12254-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012256

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12256-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12256-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CAMPMED CASUALTY & INDEMNITY COMPANY, INC.
12100 SUNSET HILLS ROAD, SUITE 300
RESTON, VA 20190-3295

CUSTOMER NUMBER
IDA000012260

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12260-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12260-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012262

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12262-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12262-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SCAN HEALTH PLAN ARIZONA
3800 KILROY AIRPORT WAY, SUITE 100
LONG BEACH, CA 90806

CUSTOMER NUMBER
IDA000012279



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12279-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-12279-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-12279-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY
412 MT. KEMBLE AVENUE, SUITE 300C
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000012294

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-12294-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	3,600.00
MAP17-12294-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12294-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			4,650.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PETROLEUM CASUALTY COMPANY
P.O. BOX 3342
CORP BH4 1177B
HOUSTON, TX 77253-3342

CUSTOMER NUMBER
IDA000012297

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12297-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-12297-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12297-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012304

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12304-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12304-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012305

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12305-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12305-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012309

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12309-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BLOOMINGTON COMPENSATION INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000012311

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12311-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12311-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHILADELPHIA REINSURANCE CORPORATION
3024 HARNEY STREET
OMAHA, NE 68131-3580

CUSTOMER NUMBER
IDA000012319

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12319-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12319-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-12319-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

DAWN REIN
AMERICAN CONTINENTAL INSURANCE COMPANY
980 JOLLY ROAD, U11S
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000012321

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12321-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-12321-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SEQUOIA INDEMNITY COMPANY
P.O. BOX 1510
MONTEREY, CA 93942

CUSTOMER NUMBER
IDA000012338

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12338-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12338-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROTECTIVE INSURANCE COMPANY
111 CONGRESSIONAL BOULEVARD, SUITE 500
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000012416

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12416-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12416-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12416-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MAXIN
ROCHDALE INSURANCE COMPANY
5800 LOMBARDO CTR, SUITE 200
CLEVELAND, OH 44131

CUSTOMER NUMBER
IDA000012491

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12491-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12491-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12491-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERIPRISE INSURANCE COMPANY
3500 PACKERLAND DRIVE
DE PERE, WI 54115

CUSTOMER NUMBER
IDA000012504

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12504-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12504-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-12504-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AUTO-OWNERS SPECIALTY INSURANCE COMPANY
P.O. BOX 8010
GOLDSBORO, NC 27534

CUSTOMER NUMBER
IDA000012508

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12508-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12508-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.
852 EAST ARROWHEAD LANE
MURRAY, UT 84107

CUSTOMER NUMBER
IDA000012515

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12515-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12515-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAFeway INSURANCE COMPANY
790 PASQUINELLI DRIVE
WESTMONT, IL 60559-1254

CUSTOMER NUMBER
IDA000012521

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12521-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12521-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012528



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12528-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12528-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OPTICARE OF UTAH, INC.
1901 PARKWAY BOULEVARD
WEST VALLEY CITY, UT 84119-2001

CUSTOMER NUMBER
IDA000012533

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12533-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12533-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HOMEOWNERS OF AMERICA INSURANCE COMPANY
P.O. BOX 167808, 1333 CORPORATE DRIVE, SUITE 325
IRVING, TX 75016-7808

CUSTOMER NUMBER
IDA000012536

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12536-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12536-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012548

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12548-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SILVERSCRIPT INSURANCE COMPANY
445 GREAT CIRCLE ROAD
ATTN: SARAH DOYLE
NASHVILLE, TN 37228

CUSTOMER NUMBER
IDA000012575

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12575-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-12575-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INFINITY STANDARD INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000012599

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12599-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12599-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012645



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12645-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12645-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012718

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12718-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12718-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT PREMIER INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000012741



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12741-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-12741-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-12741-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ENVISION INSURANCE COMPANY
2181 EAST AURORA ROAD, SUITE 201
TWINSBURG, OH 44087

CUSTOMER NUMBER
IDA000012747


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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12747-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12747-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EVERGREEN NATIONAL INDEMNITY COMPANY
6140 PARKLAND BOULEVARD, SUITE 321
MAYFIELD HEIGHTS, OH 44124

CUSTOMER NUMBER
IDA000012750

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12750-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12750-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDICUS INSURANCE COMPANY
6034 WEST COURTYARD DRIVE, SUITE 310
AUSTIN, TX 78730

CUSTOMER NUMBER
IDA000012754

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12754-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12754-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHUBB INDEMNITY INSURANCE COMPANY
P.O. BOX 1615
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07061-1615

CUSTOMER NUMBER
IDA000012777

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12777-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12777-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL GUARANTY INSURANCE COMPANY
521 FIFTH AVENUE, 15TH FLOOR
NEW YORK, NY 10175

CUSTOMER NUMBER
IDA000012815

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12815-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STATE NATIONAL INSURANCE COMPANY, INC.
1900 L DON DODSON DRIVE
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000012831

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12831-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-12831-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-12831-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CRYSTAL HAGEMAN
T.H.E. INSURANCE COMPANY
P.O. BOX 67008
TREASURE ISLAND, FL 33736-7008

CUSTOMER NUMBER
IDA000012866

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12866-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12866-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENTRUITY CASUALTY COMPANY
P.O. BOX 441828
HOUSTON, TX 77244-1828

CUSTOMER NUMBER
IDA000012870



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12870-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12870-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE
44 SOUTH BROADWAY, SUITE 301
WHITE PLAINS, NY 10601

CUSTOMER NUMBER
IDA000012873

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12873-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012879

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-12879-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-12879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
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
FRA17-12890-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12890-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
601 MAINSTREAM DRIVE
NASHVILLE, TN 37228

CUSTOMER NUMBER
IDA000012902

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12902-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-12902-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
250 BERRYHILL ROAD, SUITE 311
COLUMBIA, SC 29210

CUSTOMER NUMBER
IDA000012910

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12910-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-12910-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000012964



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-12964-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-12964-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
KEY INSURANCE COMPANY
8595 COLLEGE BOULEVARD, SUITE 200
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000012966

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-12966-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-12966-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EASTERN ADVANTAGE ASSURANCE COMPANY
P.O. BOX 83777
LANCASTER, PA 17608-3777

CUSTOMER NUMBER
IDA000013019

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-13019-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13019-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FIRE & CASUALTY COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000013021

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13021-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13021-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT GENERAL INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000013043

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-13043-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-13043-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13043-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RLI INSURANCE COMPANY
9025 NORTH LINDBERGH DRIVE
PEORIA, IL 61615-1431

CUSTOMER NUMBER
IDA000013056



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13056-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-13056-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-13056-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY ASSURANCE CORPORATION
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000013070

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13070-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000013100

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13100-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-13100-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY
1100 WALNUT STREET, SUITE 3010
KANSAS CITY, MO 64106

CUSTOMER NUMBER
IDA000013126

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13126-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13126-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: ACCTNG H3162 - ASSESSMENT
VIKING INSURANCE COMPANY OF WISCONSIN
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000013137

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-13137-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13137-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMMERCE WEST INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570-0758

CUSTOMER NUMBER
IDA000013161

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13161-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13161-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EAGLE LIFE INSURANCE COMPANY
P.O. BOX 71216
DES MOINES, IA 50325

CUSTOMER NUMBER
IDA000013183



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13183-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-13183-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN SURETY COMPANY
333 SOUTH WABASH AVENUE
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000013188

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13188-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13188-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT WESTERN INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000013209



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13209-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-13209-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-13209-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT CASUALTY INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000013210



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-13210-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13210-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-13210-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WILSHIRE INSURANCE COMPANY
702 OBERLIN ROAD
POST OFFICE BOX 10800
RALEIGH, NC 27605

CUSTOMER NUMBER
IDA000013234



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-13234-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13234-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-13234-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TITAN INDEMNITY COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000013242

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13242-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13242-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WORKMEN'S AUTO INSURANCE COMPANY
P.O. BOX 54845
LOS ANGELES, CA 90054

CUSTOMER NUMBER
IDA000013250

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13250-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ZENITH INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000013269

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13269-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13269-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALLEGHENY CASUALTY COMPANY
ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NJ 07102

CUSTOMER NUMBER
IDA000013285



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13285-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LEXON INSURANCE COMPANY
10002 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY 40223

CUSTOMER NUMBER
IDA000013307



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13307-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY
471 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000013331

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-13331-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-13331-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-13331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AUSTIN MUTUAL INSURANCE COMPANY
P.O. BOX 1420
MAPLE GROVE, MN 55311

CUSTOMER NUMBER
IDA000013412

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13412-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13412-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BADGER MUTUAL INSURANCE COMPANY
1635 WEST NATIONAL AVENUE
MILWAUKEE, WI 53204

CUSTOMER NUMBER
IDA000013420



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-13420-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-13420-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13420-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BROTHERHOOD MUTUAL INSURANCE COMPANY
P.O. BOX 2227
6400 BROTHERHOOD WAY
FORT WAYNE, IN 46801-2227

CUSTOMER NUMBER
IDA000013528

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13528-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-13528-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-13528-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CAPITAL INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000013544

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13544-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13544-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUNICIPAL ASSURANCE CORP.
31 WEST 52ND STREET
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000013559

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13559-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CAREMORE HEALTH PLAN OF ARIZONA, INC.
12900 PARK PLAZA DRIVE, SUITE 150
CERRITOS, CA 90703

CUSTOMER NUMBER
IDA000013562



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-13562-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
HCA17-13562-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
FRA17-13562-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ECOLE INSURANCE COMPANY
8390 EAST CRESCENT PARKWAY, SUITE 200
GREENWOOD VILLAGE, CO 80111-2813

CUSTOMER NUMBER
IDA000013601

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13601-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-13601-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-13601-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PAN-AMERICAN ASSURANCE COMPANY INT'L, INC. (U.S.BRAN
P.O. BOX 1051
GRAND CAYMAN,
CAYMAN ISLANDS, ** KY11102CYM

CUSTOMER NUMBER
IDA000013602

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13602-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN MUTUAL INSURANCE COMPANY
P.O. BOX 19626
IRVINE, CA 92623-9626

CUSTOMER NUMBER
IDA000013625

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-13625-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13625-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANTHONY D THEODORE
ESSENT GUARANTY, INC.
201 KING OF PRUSSIA ROAD, SUITE 501
RADNOR, PA 19087

CUSTOMER NUMBER
IDA000013634

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13634-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AIG STRUCTURED MORTGAGE INSURANCE COMPANY
P.O. BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000013694



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13694-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL MORTGAGE INSURANCE CORPORATION
2100 POWELL STREET, 12TH FLOOR
EMERYVILLE, CA 94608

CUSTOMER NUMBER
IDA000013695

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13695-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE
P.O. BOX 305054
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER
IDA000013703

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13703-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13703-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHARMACISTS MUTUAL INSURANCE COMPANY
P.O. BOX 370
ALGONA, IA 50511

CUSTOMER NUMBER
IDA000013714

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13714-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13714-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
KNIGHTBROOK INSURANCE COMPANY
4751 WILSHIRE BOULEVARD, SUITE 111
LOS ANGELES, CA 90010

CUSTOMER NUMBER
IDA000013722

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-13722-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-13722-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13722-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SELECTIVE INSURANCE COMPANY OF NEW YORK
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER
IDA000013730

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13730-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT AMERICAN INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000013751

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-13751-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-13751-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13751-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPAN
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000013773

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13773-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13773-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARMLAND MUTUAL INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000013838

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13838-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13838-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT INDEMNITY INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000013928

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13928-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13928-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FSF17-13928-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT NATIONAL INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000013929



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-13929-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-13929-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-13929-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMMONWEALTH CASUALTY COMPANY
2500 NORTH 24TH STREET
PHOENIX, AZ 85008

CUSTOMER NUMBER
IDA000013930

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-13930-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FSF17-13930-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-13930-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FEDERATED MUTUAL INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000013935

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-13935-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-13935-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13935-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FLORISTS' MUTUAL INSURANCE COMPANY
#1 HORTICULTURAL LANE
EDWARDSVILLE, IL 62025

CUSTOMER NUMBER
IDA000013978



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13978-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13978-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FRANKENMUTH MUTUAL INSURANCE COMPANY
ONE MUTUAL AVENUE
FRANKENMUTH, MI 48787-0001

CUSTOMER NUMBER
IDA000013986



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13986-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-13986-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST COMMUNITY INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL 33733

CUSTOMER NUMBER
IDA000013990



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-13990-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE
2701 EAST ELVIRA ROAD
TUCSON, AZ 85756

CUSTOMER NUMBER
IDA000014004

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-14004-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-14004-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-14004-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CRUSADER INSURANCE COMPANY
26050 MUREAU ROAD
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000014010



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14010-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-14010-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-14010-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
QUALITAS INSURANCE COMPANY
101 WEST BROADWAY, SUITE 1270
SAN DIEGO, CA 92101

CUSTOMER NUMBER
IDA000014133

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14133-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14133-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEICO SECURE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000014137

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-14137-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-14137-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEICO ADVANTAGE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000014138



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14138-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14138-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEICO CHOICE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000014139

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14139-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14139-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACUITY, A MUTUAL INSURANCE COMPANY
P.O. BOX 58
2800 SOUTH TAYLOR DRIVE
SHEBOYGAN, WI 53082-0058

CUSTOMER NUMBER
IDA000014184

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14184-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-14184-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-14184-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OBI NATIONAL INSURANCE COMPANY
605 US HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN 55441

CUSTOMER NUMBER
IDA000014190

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14190-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM
HOLYOKE SQUARE
SALEM, MA 01970-3391

CUSTOMER NUMBER
IDA000014206

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14206-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COPPERPOINT MUTUAL INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000014216

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-14216-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FSF17-14216-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
FRA17-14216-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			19,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST NATIONAL TITLE INSURANCE COMPANY
2400 DALLAS PARKWAY, SUITE 580
PLANO, TX 75093

CUSTOMER NUMBER
IDA000014240

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14240-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FOUNDERS INSURANCE COMPANY
1645 EAST BIRCHWOOD AVENUE
DES PLAINES, IL 60018

CUSTOMER NUMBER
IDA000014249



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14249-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14249-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
IMT INSURANCE COMPANY
P.O. BOX 1336
DES MOINES, IA 50306-1336

CUSTOMER NUMBER
IDA000014257



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-14257-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-14257-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY
2005 MARKET STREET, SUITE 1200
PHILADELPHIA, PA 19103-7008

CUSTOMER NUMBER
IDA000014265

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14265-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14265-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
JEWELERS MUTUAL INSURANCE COMPANY
P.O. BOX 468
NEENAH, WI 54957-0468

CUSTOMER NUMBER
IDA000014354

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14354-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14354-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BUILD AMERICA MUTUAL ASSURANCE COMPANY
ONE WORLD FINANCIAL CENTER, 27TH FLOOR
200 LIBERTY STREET
NEW YORK, NY 10281

CUSTOMER NUMBER
IDA000014380

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000014406

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14406-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-14406-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PODIATRY INSURANCE COMPANY OF AMERICA
3000 MERIDIAN BOULEVARD, SUITE 400
FRANKLIN, TN 37067

CUSTOMER NUMBER
IDA000014460



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERCHANTS BONDING COMPANY (MUTUAL)
P.O. BOX 14498
DES MOINES, IA 50306-3498

CUSTOMER NUMBER
IDA000014494



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14494-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14494-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MICHIGAN MILLERS MUTUAL INSURANCE COMPANY
P.O. BOX 30060
LANSING, MI 48909-7560

CUSTOMER NUMBER
IDA000014508

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14508-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14508-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-0600

CUSTOMER NUMBER
IDA000014559

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-14559-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-14559-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MAGELLAN COMPLETE CARE OF ARIZONA, INC.
6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

CUSTOMER NUMBER
IDA000014641

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14641-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-14641-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
HCA17-14641-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOUNTAIN STATES MUTUAL CASUALTY COMPANY
P.O. BOX 93254
ALBUQUERQUE, NM 87199-3254

CUSTOMER NUMBER
IDA000014648



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMPASS COOPERATIVE HEALTH PLAN, INC.
2005 WEST 14TH STREET, SUITE 113
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000014676

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-14676-SP	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-14676-SP	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-14676-SP	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
U.S. LEGAL SERVICES, INC.
8133 BAYMEADOWS WAY
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000014689



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14689-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EASTGUARD INSURANCE COMPANY
P.O. BOX A-H
16 SOUTH RIVER STREET
WILKES-BARRE, PA 18703-0020

CUSTOMER NUMBER
IDA000014702

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-14702-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-14702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENPATICO OF ARIZONA, INC.
1501 WEST FOUNTAINHEAD PARKWAY, SUITE 360
TEMPE, AZ 85282

CUSTOMER NUMBER
IDA000014704

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-14704-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-14704-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-14704-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL OF ENUMCLAW INSURANCE COMPANY
1460 WELLS STREET
ENUMCLAW, WA 98022

CUSTOMER NUMBER
IDA000014761

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14761-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14761-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NGM INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

CUSTOMER NUMBER
IDA000014788

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14788-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14788-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERCY MARICOPA INTEGRATED CARE
4350 EAST COTTON CENTER BOULEVARD, BUILDING D
PHOENIX, AZ 85040

CUSTOMER NUMBER
IDA000014904

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14904-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-14904-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-14904-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	3,600.00
TOTAL ASSESSMENT AMOUNT			4,775.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPAN
ONE COMMERCE SQUARE
2005 MARKET STREET, STE 1200
PHILADELPHIA, PA 19103-7008

CUSTOMER NUMBER
IDA000014974

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14974-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14974-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE C
P.O. BOX 2361
HARRISBURG, PA 17105-2361

CUSTOMER NUMBER
IDA000014990

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-14990-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-14990-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-14990-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE MUTUAL INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265

CUSTOMER NUMBER
IDA000015032

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15032-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-15032-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-15032-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PUBLIC SERVICE INSURANCE COMPANY
ONE PARK AVENUE
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000015059



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15059-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15059-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HEALTH CHOICE INSURANCE CO.
410 NORTH 44TH STREET, SUITE 923
PHOENIX, AZ 85008

CUSTOMER NUMBER
IDA000015081

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-15081-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-15081-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-15081-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMPASS COOPERATIVE MUTUAL HEALTH NETWORK, INC.
2005 WEST 14TH STREET, SUITE 113
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000015092

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15092-SP	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-15092-SP	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-15092-SP	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS, MO 63146-3540

CUSTOMER NUMBER
IDA000015105

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15105-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: RESIDUAL MARKETS UNIT
ENCOMPASS INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, IL 60010-9300

CUSTOMER NUMBER
IDA000015130

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-15130-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-15130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMPREHENSIVE MOBILE INSURANCE ARIZONA, INC.
19820 NORTH 7TH STREET, SUITE 290
PHOENIX, AZ 85024

CUSTOMER NUMBER
IDA000015238

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-15238-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-15238-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-15238-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SOCIETY INSURANCE, A MUTUAL COMPANY
150 CAMELOT DRIVE
FOND DU LAC, WI 54935

CUSTOMER NUMBER
IDA000015261

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15261-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15261-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN NATIONAL MUTUAL INSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000015377

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-15377-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-15377-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ONECIS INSURANCE COMPANY
1601 SAWGRASS CORPORATE PARKWAY, SUITE 400
FORT LAUDERDALE, FL 33323

CUSTOMER NUMBER
IDA000015385

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15385-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15385-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BRIDGEWAY ADVANTAGE SOLUTIONS, INC.
1501 WEST FOUNTAINHEAD PARKWAY, SUITE 295
TEMPE, AZ 85282

CUSTOMER NUMBER
IDA000015447

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-15447-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-15447-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-15447-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL LLOYDS INSURANCE COMPANY
P.O. BOX 2650
WACO, TX 76702-2650

CUSTOMER NUMBER
IDA000015474



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15474-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15474-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SEABRIGHT INSURANCE COMPANY
1501 4TH AVENUE, SUITE 2600
SEATTLE, WA 98101

CUSTOMER NUMBER
IDA000015563



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15563-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-15563-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-15563-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRESERVER INSURANCE COMPANY
59 MAIDEN LANE, 38TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000015586

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15586-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15586-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMSHIELD INSURANCE COMPANY
1817 WEST BROADWAY
COLUMBIA, MO 65218-0001

CUSTOMER NUMBER
IDA000015590

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15590-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15590-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AXIS SPECIALTY INSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA000015610

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-15610-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-15610-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OBI AMERICA INSURANCE COMPANY
605 HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN 55441

CUSTOMER NUMBER
IDA000015645

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-15645-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-15645-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FIRE AND INDEMNITY EXCHANGE
P.O. BOX 39903
6030 BANCROFT AVENUE
ST. LOUIS, MO 63139-8903

CUSTOMER NUMBER
IDA000015679

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15679-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15679-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CLEAR SPRING LIFE INSURANCE COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

CUSTOMER NUMBER
IDA000015691

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15691-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RADNOR SPECIALTY INSURANCE COMPANY
1170 DEVON PARK DRIVE
P.O. BOX 6670
WAYNE, PA 19087

CUSTOMER NUMBER
IDA000015756

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15756-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15756-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RADIAN MORTGAGE GUARANTY INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000015843



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15843-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NCMIC INSURANCE COMPANY
P.O. BOX 9118
DES MOINES, IA 50306-9118

CUSTOMER NUMBER
IDA000015865



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15865-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15865-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY
P.O. BOX 20597
GREENSBORO, NC 27420-0597

CUSTOMER NUMBER
IDA000015873

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.
1230 WEST WASHINGTON STREET, SUITE 401
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000015895

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-15895-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-15895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MINING INSURANCE COMPANY
P.O. BOX 660847
BIRMINGHAM, AL 35266-0847

CUSTOMER NUMBER
IDA000015911



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15911-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15911-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MARILYN BEYER
AMTRUST INSURANCE COMPANY OF KANSAS, INC.
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000015954

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-15954-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-15954-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MARY BEYER
UNITRIN AUTO AND HOME INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

CUSTOMER NUMBER
IDA000016063

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16063-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-16063-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOSAIC INSURANCE COMPANY
125 BROAD STREET, 5TH FLOOR
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000016187



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16187-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-16187-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-16187-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000016217

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16217-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-16217-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-16217-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ZURICH AMERICAN INSURANCE COMPANY
1400 AMERICAN LANE
TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000016535

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16535-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-16535-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-16535-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STILLWATER PROPERTY AND CASUALTY INSURANCE COMPA
4905 BELFORT ROAD, SUITE 110
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000016578

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-16578-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-16578-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-16578-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW YORK MARINE AND GENERAL INSURANCE COMPANY
412 MT. KEMBLE AVENUE, 300C
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000016608

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-16608-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALLIED WORLD SPECIALTY INSURANCE COMPANY
199 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000016624

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-16624-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-16624-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF
P.O. BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000016659

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16659-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH MORTGAGE INSURANCE CORPORATION OF N C
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000016675

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16675-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN INSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202-4201

CUSTOMER NUMBER
IDA000016691

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-16691-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-16691-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-16691-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DEALERS ASSURANCE COMPANY
240 NORTH 5TH STREET, SUITE 350
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000016705

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-16705-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE
ONE HERITAGE PLACE
PIQUA, OH 45356-4888

CUSTOMER NUMBER
IDA000016713

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16713-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-16713-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INFINITY SAFEGUARD INSURANCE COMPANY
P.O BOX 830189
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000016802

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-16802-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-16802-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MERCURY INSURANCE COMPANY
P.O. BOX 728847
OKLAHOMA CITY, OK 73172-8847

CUSTOMER NUMBER
IDA000016810



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-16810-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-16810-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HOMESITE INSURANCE COMPANY
1 FEDERAL STREET, 4TH FLOOR
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000017221



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-17221-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-17221-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-17221-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000017230

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-17230-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-17230-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-17230-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FLORIDA SPECIALTY INSURANCE COMPANY
P.O. BOX 357760
GAINESVILLE, FL 32635-7760

CUSTOMER NUMBER
IDA000017248

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-17248-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-17248-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE
SCOTTSDALE, AZ 85260-2410

CUSTOMER NUMBER
IDA000017370

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-17370-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-17370-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-17370-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
TOTAL ASSESSMENT AMOUNT			7,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SENTINEL INSURANCE COMPANY
P.O. BOX 61140
HARRISBURG, PA 17106-1140

CUSTOMER NUMBER
IDA000017965

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-17965-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-17965-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-17965-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STAR INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034-6112

CUSTOMER NUMBER
IDA000018023



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18023-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-18023-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-18023-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TOPA INSURANCE COMPANY
1800 AVENUE OF THE STARS, SUITE 1200
LOS ANGELES, CA 90067-4213

CUSTOMER NUMBER
IDA000018031

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18031-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18031-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHILADELPHIA INDEMNITY INSURANCE COMPANY
ONE BALA PLAZA, SUITE 100
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER
IDA000018058

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-18058-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-18058-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-18058-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: ACCTNG H3162 ASSESSMENT
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000018139

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-18139-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-18139-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS STANDARD INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000018279

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-18279-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-18279-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18279-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KIMBERLY CHIN
ASSURED GUARANTY MUNICIPAL CORP.
31 WEST 52ND STREET
25TH FLOOR
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000018287

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18287-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
PEERLESS INDEMNITY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000018333

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18333-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18333-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDEMNITY NATIONAL INSURANCE COMPANY
4800 OLD KINGSTON PIKE
KNOXVILLE, TN 37919

CUSTOMER NUMBER
IDA000018468

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18468-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18468-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA GENERAL INDEMNITY COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000018600

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18600-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18600-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PLATTE RIVER INSURANCE COMPANY
P.O. BOX 5900
MADISON, WI 53705-0900

CUSTOMER NUMBER
IDA000018619



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18619-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18619-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT MIDWEST INSURANCE COMPANY
800 GESSNER ROAD, SUITE 600
HOUSTON, TX 77024-1206

CUSTOMER NUMBER
IDA000018694

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-18694-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-18694-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-18694-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMBAC ASSURANCE CORPORATION
ONE STATE STREET PLAZA, 17TH FLOOR
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000018708

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18708-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARCH MORTGAGE GUARANTY COMPANY
3003 OAK ROAD, PMI PLAZA
WALNUT CREEK, CA 94597-2098

CUSTOMER NUMBER
IDA000018732



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18732-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MGIC INDEMNITY CORPORATION
P.O. BOX 756
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000018740



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18740-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERIT HEALTH INSURANCE COMPANY
5215 OLD ORCHARD ROAD, SUITE 600
SKOKIE, IL 60077

CUSTOMER NUMBER
IDA000018750

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18750-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-18750-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHURCH MUTUAL INSURANCE COMPANY
P.O. BOX 357
MERRILL, WI 54452

CUSTOMER NUMBER
IDA000018767

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18767-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-18767-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-18767-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DENTISTS BENEFITS INSURANCE COMPANY
601 SOUTHWEST SECOND AVENUE
PORTLAND, OR 97204

CUSTOMER NUMBER
IDA000018813

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-18813-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-18813-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED HERITAGE PROPERTY & CASUALTY COMPANY
P.O. BOX 5555
MERIDIAN, ID 83680-5555

CUSTOMER NUMBER
IDA000018939

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18939-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18939-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CSE SAFEGUARD INSURANCE COMPANY
2121 NORTH CALIFORNIA BOULEVARD, SUITE 900
WALNUT CREEK, CA 94596

CUSTOMER NUMBER
IDA000018953

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18953-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18953-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CRESTBROOK INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000018961

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18961-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-18961-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AUTO-OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909

CUSTOMER NUMBER
IDA000018988

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-18988-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-18988-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-18988-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY AND SURETY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000019038

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19038-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19038-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19038-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019046

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19046-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19046-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000019062

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19062-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19062-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19062-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000019070

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19070-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19070-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19070-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMCO INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000019100

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19100-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19100-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL UNITY INSURANCE COMPANY
15303 HUEBNER ROAD, BUILDING 1
SAN ANTONIO, TX 78248

CUSTOMER NUMBER
IDA000019119



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19119-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19119-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SOUTHERN INSURANCE COMPANY
P.O. BOX 809076
DALLAS, TX 72380-9076

CUSTOMER NUMBER
IDA000019216



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19216-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19216-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19216-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL PROTECTIVE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019224



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19224-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19224-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19224-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE INSURANCE COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, IL 60010-9300

CUSTOMER NUMBER
IDA000019232


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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19232-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, IL 60010-9300

CUSTOMER NUMBER
IDA000019240

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19240-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19240-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19240-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY MUTUAL INSURANCE COMPANY
6000 AMERICAN PARKWAY
AMERICAN FAMILY INS. GROUP
MADISON, WI 53783

CUSTOMER NUMBER
IDA000019275


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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19275-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19275-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19275-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
6000 AMERICAN PARKWAY
C/O AMERICAN FAMILY INS.GROUP
MADISON, WI 53783

CUSTOMER NUMBER
IDA000019283

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19283-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19283-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CAPSON PHYSICIANS INSURANCE COMPANY
221 WEST 6TH STREET, SUITE 301
AUSTIN, TX 78701

CUSTOMER NUMBER
IDA000019348

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19348-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
AMERICAN HOME ASSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000019380

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19380-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19380-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
AIU INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000019399




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19399-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19399-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19399-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
AIG PROPERTY CASUALTY COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000019402

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19402-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19402-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-19402-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
COMMERCE AND INDUSTRY INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000019410

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19410-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19410-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000019429

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19429-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19429-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19429-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000019445

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19445-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19445-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANSATLANTIC REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006

CUSTOMER NUMBER
IDA000019453

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19453-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19453-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19453-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERISURE INSURANCE COMPANY
P.O. BOX 2060
FARMINGTON HILLS, MI 48333-2060

CUSTOMER NUMBER
IDA000019488

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19488-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19488-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FIRE & INDEMNITY COMPANY
P.O. BOX 73909
118 SECOND AVENUE, SOUTHEAST
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000019496

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19496-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19496-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CATLIN INSURANCE COMPANY, INC.
3340 PEACHTREE ROAD, NORTHEAST, SUITE 2950
ATLANTA, GA 30326

CUSTOMER NUMBER
IDA000019518

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19518-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19518-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19518-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UFG SPECIALTY INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000019526

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19526-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19526-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HALLMARK NATIONAL INSURANCE COMPANY
777 MAIN STREET, SUITE 1000
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000019530

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19530-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-19530-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
FRA17-19530-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19530-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN RELIABLE INSURANCE COMPANY
8655 EAST VIA DE VENTURA
SCOTTSDALE, AZ 85258

CUSTOMER NUMBER
IDA000019615

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-19615-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
FRA17-19615-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19615-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19615-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SUMMIT INSURANCE COMPANY
P.O. BOX 2650
WACO, TX 76702-2650

CUSTOMER NUMBER
IDA000019623



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19623-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19623-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19623-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
AMERICAN ROAD INSURANCE COMPANY, THE
ONE AMERICAN ROAD, MD7600
DEARBORN, MI 48126-2701

CUSTOMER NUMBER
IDA000019631

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19631-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19631-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BRISTOL WEST INSURANCE COMPANY
900 SOUTH PINE ISLAND ROAD, SUITE 600
PLANTATION, FL 33324

CUSTOMER NUMBER
IDA000019658

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19658-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19658-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
HARTFORD FIRE INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000019682

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19682-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-19682-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19682-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
AMERICAN ECONOMY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000019690

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19690-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19690-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
AMERICAN STATES INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000019704

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19704-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19704-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19704-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
AMERICAN STATES INSURANCE COMPANY OF TEXAS
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000019712

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19712-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19712-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19712-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN ALTERNATIVE INSURANCE CORPORATION
555 COLLEGE ROAD EAST
AMERICAN RE PLAZA
PRINCETON, NJ 08543-5241

CUSTOMER NUMBER
IDA000019720

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19720-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-19720-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19720-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019801

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19801-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19801-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT-MIDWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019828

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19828-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19828-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SELECT MARKETS INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019836

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19836-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19836-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT-SOUTHWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019844

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19844-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19844-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL INDEMNITY COMPANY
P.O.BOX 223687
DALLAS, TX 75222-3687

CUSTOMER NUMBER
IDA000019852



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19852-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-19852-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19852-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT GREAT CENTRAL INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019860

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19860-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19860-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY NATIONAL INSURANCE COMPANY
P.O. BOX 650771
DALLAS, TX 75265-0771

CUSTOMER NUMBER
IDA000019879

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19879-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MARILYN BEYER
TRINITY UNIVERSAL INSURANCE COMPANY
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000019887

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19887-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19887-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
LIBERTY INSURANCE UNDERWRITERS INC.
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000019917

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19917-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19917-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19917-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JEFFREY R LACHADELLE
AMERICAN COMMERCE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570

CUSTOMER NUMBER
IDA000019941

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-19941-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-19941-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19941-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMICA MUTUAL INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER
IDA000019976

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19976-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19976-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACIG INSURANCE COMPANY
2600 NORTH CENTRAL EXPRESSWAY, SUITE 800
RICHARDSON, TX 75080

CUSTOMER NUMBER
IDA000019984

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-19984-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-19984-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SELECT INSURANCE COMPANY
P.O. BOX 5001
ONE PARK CIRCLE
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000019992

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-19992-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-19992-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-19992-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
1314 DOUGLAS STREET
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000020044

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20044-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000020052

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20052-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL INDEMNITY COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000020087



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20087-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20087-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20087-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BITCO GENERAL INSURANCE CORPORATION
3700 MARKET SQUARE CIRCLE
DAVENPORT, IA 52807-2309

CUSTOMER NUMBER
IDA000020095

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20095-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20095-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BITCO NATIONAL INSURANCE COMPANY
3700 MARKET SQUARE CIRCLE
DAVENPORT, IA 52807-2309

CUSTOMER NUMBER
IDA000020109

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20109-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY INDEMNITY EXCHANGE
P.O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000020117

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20117-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20117-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY INSURANCE COMPANY
P.O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000020125

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20125-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20125-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL TRUST INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
FCCI INSURANCE GROUP
SARASOTA, FL 34240-8424

CUSTOMER NUMBER
IDA000020141

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20141-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20141-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALL AMERICA INSURANCE COMPANY
P.O. BOX 351, 800 SOUTH WASHINGTON STREET
VAN WERT, OH 45891

CUSTOMER NUMBER
IDA000020222

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20222-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20222-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL MUTUAL INSURANCE COMPANY
800 SOUTH WASHINGTON STREET
VAN WERT, OH 45891-2381

CUSTOMER NUMBER
IDA000020230

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20230-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20230-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INFINITY SELECT INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000020260

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20260-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20260-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WRM AMERICA INDEMNITY COMPANY, INC.
333 EARLE OVINGTON BOULEVARD, SUITE 505
UNIONDALE, NY 11553-3426

CUSTOMER NUMBER
IDA000020273

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20273-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20273-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20273-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FEDERAL INSURANCE COMPANY
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059

CUSTOMER NUMBER
IDA000020281

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-20281-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20281-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20281-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT NORTHERN INSURANCE COMPANY
P.O. BOX 1615
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07061-1615

CUSTOMER NUMBER
IDA000020303

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20303-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20303-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20303-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SYNCORA GUARANTEE INC.
135 WEST 50TH STREET, 20TH FLOOR
NEW YORK, NY 10020

CUSTOMER NUMBER
IDA000020311

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20311-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PALOMAR SPECIALTY INSURANCE COMPANY
888 PROSPECT STREET, SUITE 105
LA JOLLA, CA 92037

CUSTOMER NUMBER
IDA000020338

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20338-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC INDEMNITY COMPANY
P.O. BOX 1615
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07061-1615

CUSTOMER NUMBER
IDA000020346



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20346-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-20346-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-20346-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA
P.O. BOX 4602
15 INDEPENDENCE BOULEVARD
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000020362

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20362-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20362-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20362-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AXIS REINSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA000020370

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20370-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20370-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20370-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VIGILANT INSURANCE COMPANY
P.O. BOX 1615
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07061-1615

CUSTOMER NUMBER
IDA000020397

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20397-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20397-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20397-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROSELECT NATIONAL INSURANCE COMPANY, INC.
ONE FINANCIAL CENTER, P.O. BOX 55178
BOSTON, MA 02205-5178

CUSTOMER NUMBER
IDA000020400

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20400-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20400-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-20400-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HOMESITE INDEMNITY COMPANY
1 FEDERAL STREET, 4TH FLOOR
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000020419

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20419-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20419-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: BB&A AND OTHER TAXES - 28S
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANI
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000020427

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20427-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20427-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20427-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: BB&A AND OTHER TAXES - 28S
CONTINENTAL CASUALTY COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000020443

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20443-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20443-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20443-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDSTATES REINSURANCE CORPORATION
10560 SUCCESS LANE, SUITE A
WASHINGTON TOWNSHIP, OH 45458

CUSTOMER NUMBER
IDA000020451



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20451-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20451-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20451-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: BB&A AND OTHER TAXES - 28S
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000020478

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20478-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20478-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20478-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: BB&A AND OTHER TAXES - 28S
TRANSPORTATION INSURANCE COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000020494

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-20494-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-20494-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20494-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: BB&A AND OTHER TAXES - 28S
VALLEY FORGE INSURANCE COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000020508

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-20508-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-20508-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20508-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EULER HERMES NORTH AMERICA INSURANCE COMPANY
800 RED BROOK BOULEVARD
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000020516

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20516-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CLARENDON NATIONAL INSURANCE COMPANY
411 FIFTH AVENUE, 5TH FLOOR
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000020532

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-20532-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20532-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20532-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA
199 WATER STREET, 21ST FLOOR
ONE SEAPORT PLAZA
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000020559

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-20559-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-20559-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
MAP17-20559-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20559-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
XL REINSURANCE AMERICA INC.
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040

CUSTOMER NUMBER
IDA000020583

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20583-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20583-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20583-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: TAX DEPT. - ASSESSMENT
SPARTA INSURANCE COMPANY
185 ASYLUM STREET, CITYPLACE II
HARTFORD, CT 06103

CUSTOMER NUMBER
IDA000020613

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-20613-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-20613-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20613-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: TAX DEPT. - ASSESSMENT
LAMORAK INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

CUSTOMER NUMBER
IDA000020621

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20621-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20621-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20621-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: TAX DEPT. - ASSESSMENT
EMPLOYERS' FIRE INSURANCE COMPANY, THE
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

CUSTOMER NUMBER
IDA000020648


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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20648-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACE PROPERTY AND CASUALTY INSURANCE COMPANY
436 WALNUT STREET
P. O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000020699

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20699-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20699-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20699-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACE FIRE UNDERWRITERS INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000020702

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-20702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20702-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTURY INDEMNITY COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000020710



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-20710-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-20710-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-20710-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY PREMIER INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000020796

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20796-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-20796-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-20796-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATLANTA INTERNATIONAL INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580

CUSTOMER NUMBER
IDA000020931



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-20931-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-20931-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20931-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY CASUALTY INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000020982

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20982-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20982-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY MUTUAL INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000020990



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-20990-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-20990-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY PREFERRED INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000021008

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21008-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21008-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GLOBAL REINSURANCE CORPORATION OF AMERICA
125 BROAD STREET, 5TH FLOOR
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000021032

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21032-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21032-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL AMERICAN PROPERTY AND CASUALTY IC
P.O. BOX 77-0250
MIAMI, FL 33177-0250

CUSTOMER NUMBER
IDA000021075

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21075-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21075-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-21075-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KATHLEEN MACKEY
NORTH RIVER INSURANCE COMPANY, THE
SR. TAX ACCOUNT
305 MADISON AVENUE
MORRISTOWN, NJ 07962

CUSTOMER NUMBER
IDA000021105

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21105-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21105-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KATHLEEN MACKEY
UNITED STATES FIRE INSURANCE COMPANY
SR. TAX ACCOUNTANT
305 MADISON AVENUE
MORRISTOWN, NJ 07962

CUSTOMER NUMBER
IDA000021113

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21113-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21113-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21113-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DAIRYLAND INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000021164



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21164-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21164-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VANLINER INSURANCE COMPANY
ONE PREMIER DRIVE
ST. LOUIS, MO 63026

CUSTOMER NUMBER
IDA000021172

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21172-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21172-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY SELECT INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-8020

CUSTOMER NUMBER
IDA000021180

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-21180-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21180-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000021253

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21253-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21253-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ELECTRIC INSURANCE COMPANY
75 SAM FONZO DRIVE
BEVERLY, MA 01915

CUSTOMER NUMBER
IDA000021261



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-21261-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21261-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21261-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALTERRA AMERICA INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060

CUSTOMER NUMBER
IDA000021296



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21296-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21296-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-21296-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
EMPIRE FIRE AND MARINE INSURANCE COMPANY
1400 AMERICAN LANE, TOWER 2, FL 20
SCHAUMBURG, IL 60196

CUSTOMER NUMBER
IDA000021326

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21326-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21326-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-21326-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMCASCO INSURANCE COMPANY
P.O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER
IDA000021407

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21407-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21407-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS MUTUAL CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER
IDA000021415

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21415-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21415-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNION INSURANCE COMPANY OF PROVIDENCE
P.O. BOX 712
717 MULBERRY STREET
DES MOINES, IA 50306-0712

CUSTOMER NUMBER
IDA000021423

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21423-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21423-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
EMPLOYERS INSURANCE COMPANY OF WAUSAU
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000021458

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-21458-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21458-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21458-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FACTORY MUTUAL INSURANCE COMPANY
P.O. BOX 7500
JOHNSTON, RI 02919-0750

CUSTOMER NUMBER
IDA000021482



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21482-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21482-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MIKE APPLETON
FARMERS INSURANCE COMPANY OF ARIZONA
18444 NORTH 25TH AVENUE
PHOENIX, AZ 85023

CUSTOMER NUMBER
IDA000021598

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-21598-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
MAP17-21598-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-21598-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21598-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARMERS INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021652

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21652-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21652-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-21652-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRE INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021660

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21660-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21660-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MID-CENTURY INSURANCE COMPANY
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021687



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21687-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21687-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-21687-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRUCK INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021709



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21709-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21709-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21709-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ESURANCE INSURANCE COMPANY OF NEW JERSEY
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

CUSTOMER NUMBER
IDA000021741

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-21741-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21741-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.
4820 LAKE BROOK DRIVE, SUITE 300
GLEN ALLEN, VA 23060

CUSTOMER NUMBER
IDA000021784

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-21784-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21784-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21784-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INFINITY CASUALTY INSURANCE COMPANY
3700 COLONNADE PARKWAY
BIRMINGHAM, AL 35243

CUSTOMER NUMBER
IDA000021792

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21792-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21792-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW ENGLAND INSURANCE COMPANY
100 HIGH STREET
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000021830

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21830-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21830-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN AUTOMOBILE INSURANCE COMPANY
225 WEST WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000021849

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21849-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21849-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-21849-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN INSURANCE COMPANY, THE
225 WEST WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000021857

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21857-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21857-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ASSOCIATED INDEMNITY CORPORATION
1465 NORTH MCDOWELL BOULEVARD, SUITE 100
PETALUMA, CA 94954

CUSTOMER NUMBER
IDA000021865

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-21865-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21865-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21865-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIREMAN'S FUND INSURANCE COMPANY
1465 NORTH MCDOWELL BOULEVARD, SUITE 100
PETALUMA, CA 94954

CUSTOMER NUMBER
IDA000021873



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-21873-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-21873-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL SURETY CORPORATION
225 WEST WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000021881

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21881-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-21881-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21881-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROCENTURY INSURANCE COMPANY
550 POLARIS PARKWAY, SUITE 300
WESTERVILLE, OH 43082

CUSTOMER NUMBER
IDA000021903

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21903-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21903-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAN FRANCISCO REINSURANCE COMPANY
1465 NORTH MCDOWELL BOULEVARD, SUITE 100
PETALUMA, CA 94954

CUSTOMER NUMBER
IDA000021911

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-21911-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-21911-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21911-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CORY ASSESSMENT
PENNSYLVANIA INSURANCE COMPANY
P O BOX 3646
OMAHA, NE 68103

CUSTOMER NUMBER
IDA000021962

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21962-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21962-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: TAX DEPT.- ASSESSMENT
BEDIVERE INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

CUSTOMER NUMBER
IDA000021970

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21970-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-21970-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMPASS INSURANCE COMPANY
9277 CENTRE POINTE DRIVE, SUITE 140
WEST CHESTER, OH 45069

CUSTOMER NUMBER
IDA000021989

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-21989-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-21989-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-21989-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CIM INSURANCE CORPORATION
500 WOODWARD AVENUE, 14TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000022004



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22004-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22004-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOTORS INSURANCE CORPORATION
500 WOODWARD AVENUE, 14 FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000022012

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22012-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22012-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL REINSURANCE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000022039

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22039-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-22039-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22039-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEICO INDEMNITY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000022055

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22055-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22055-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GOVERNMENT EMPLOYEES INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000022063

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22063-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22063-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-22063-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GRAIN DEALERS MUTUAL INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

CUSTOMER NUMBER
IDA000022098

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22098-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22098-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-22098-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN INSURANCE COMPANY OF NEW YORK
301 EAST FOURTH STREET
CINCINNATI, OH 45202-4201

CUSTOMER NUMBER
IDA000022136

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22136-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22136-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC INDEMNITY COMPANY OF AMERICA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA 91436

CUSTOMER NUMBER
IDA000022179



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22179-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22179-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREATER NEW YORK MUTUAL INSURANCE COMPANY
200 MADISON AVENUE
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000022187



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22187-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-22187-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22187-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FREEDOM SPECIALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000022209

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22209-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22209-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY PREFERRED INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000022225

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22225-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-22225-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22225-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SELECT INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000022233



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22233-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22233-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDMARC CASUALTY INSURANCE COMPANY
14280 PARK MEADOW DRIVE, SUITE 300
CHANTILLY, VA 20151

CUSTOMER NUMBER
IDA000022241

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22241-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22241-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BLUESHORE INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401-4477

CUSTOMER NUMBER
IDA000022250

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22250-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INFINITY INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000022268

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22268-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22268-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000022276

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22276-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22276-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-22276-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000022292

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22292-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22292-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22292-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

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

CUSTOMER NUMBER
IDA000022306

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22306-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22306-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RSUI INDEMNITY COMPANY
945 EAST PACES FERRY ROAD, SUITE 1800
ATLANTA, GA 30326-1160

CUSTOMER NUMBER
IDA000022314

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22314-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22314-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREENWICH INSURANCE COMPANY
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000022322

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22322-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22322-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22322-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
HARTFORD ACCIDENT AND INDEMNITY COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000022357

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22357-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22357-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22357-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MENDAKOTA INSURANCE COMPANY
P.O. BOX 64586
ST. PAUL, MN 55164-0586

CUSTOMER NUMBER
IDA000022454

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22454-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22454-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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**ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT**

July 1, 2016

CUSTOMER NUMBER
IDA000022489

HIGHLANDS INSURANCE COMPANY
275 PHILLIPS BOULEVARD
TRENTON, NJ 08618-1426



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA04-22489	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	7/14/2003	700.00
MAP04-22489	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(E)]	7/14/2003	200.00
FRA05-22489	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	7/8/2004	625.00
MAP05-22489	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	7/8/2004	200.00
FRA05A-22489	Correction to FY 2005 Fraud Unit Assessment	10/27/2004	75.00
MAP06-22489	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	8/5/2005	200.00
FRA06-22489	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	8/5/2005	700.00
FRA07-22489	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	8/4/2006	700.00
MAP07-22489	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	8/4/2006	200.00
MAP08-22489	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	7/16/2007	200.00
FRA08-22489	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	7/16/2007	700.00
FRA09-22489	Fraud Unit Assessment [ARS § 20-466(J)]	6/30/2008	700.00
MAP09-22489	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/30/2008	200.00
MAP10-22489	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/10/2009	200.00
FRA10-22489	Fraud Unit Assessment [ARS § 20-466(J)]	7/10/2009	700.00
FRA11-22489	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2010	700.00
MAP11-22489	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/29/2010	200.00
FRA12-22489	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2011	700.00
MAP12-22489	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/29/2011	200.00
MAP13-22489	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/29/2012	200.00
FRA13-22489	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2012	700.00
MAP14-22489	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/28/2013	200.00
FRA14-22489	Fraud Unit Assessment [ARS § 20-466(J)]	6/28/2013	700.00
FRA15-22489	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22489	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
MAP16-22489-RH	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/22/2015	200.00
FRA16-22489-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
MAP17-22489-RH	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22489-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

TOTAL ASSESSMENT AMOUNT	13,100.00
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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURA INSURANCE, A MUTUAL COMPANY
P.O. BOX 819
2401 SOUTH MEMORIAL DRIVE
APPLETON, WI 54912-0819

CUSTOMER NUMBER
IDA000022543

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22543-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22543-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
mitsui sumitomo insurance usa inc.
P.O. BOX 4602
15 INDEPENDENCE BOULEVARD
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000022551

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22551-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22551-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HORACE MANN INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000022578



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22578-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22578-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MGIC ASSURANCE CORPORATION
P.O. BOX 756
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000022594

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22594-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22594-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL SPECIALTY INSURANCE COMPANY
1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000022608

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22608-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022667

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22667-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22667-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22667-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TEACHERS INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715-0001

CUSTOMER NUMBER
IDA000022683



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22683-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22683-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22683-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
R&Q REINSURANCE COMPANY
2 LOGAN SQUARE, SUITE 600
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000022705

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22705-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22705-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022713

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22713-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-22713-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22713-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHERINE - ASSESSMENT
ALLIED WORLD INSURANCE COMPANY
STATE REPORTING ANALYST
3024 HARNEY STREET
OMAHA, NE 68131

CUSTOMER NUMBER
IDA000022730

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22730-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-22730-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC EMPLOYERS INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022748

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-22748-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-22748-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22748-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HORACE MANN PROPERTY & CASUALTY INSURANCE COMPAN
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715-0001

CUSTOMER NUMBER
IDA000022756



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22756-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22756-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INTEGON INDEMNITY CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000022772

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22772-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22772-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHICAGO INSURANCE COMPANY
225 WEST WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000022810

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22810-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22810-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
AGCS MARINE INSURANCE COMPANY
777 SAN MARIN DRIVE
NEVADA, CA 94998

CUSTOMER NUMBER
IDA000022837

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22837-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22837-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACA FINANCIAL GUARANTY CORPORATION
600 FIFTH AVENUE, 2ND FLOOR
NEW YORK, NY 10020

CUSTOMER NUMBER
IDA000022896



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22896-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO
P.O. BOX 305054
2636 ELM HILL PIKE, SUITE 510
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER
IDA000022906

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22906-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22906-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
ECONOMY FIRE & CASUALTY COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000022926

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22926-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22926-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACSTAR INSURANCE COMPANY
30 SOUTH ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000022950



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-22950-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-22950-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SEQUOIA INSURANCE COMPANY
P.O. BOX 1510
MONTEREY, CA 93942

CUSTOMER NUMBER
IDA000022985

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-22985-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-22985-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
LIBERTY MUTUAL FIRE INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000023035

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23035-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-23035-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-23035-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
LIBERTY MUTUAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000023043

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23043-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-23043-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23043-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW MEXICO FOUNDATION INSURANCE COMPANY
P.O. BOX 27825
ALBUQUERQUE, NM 87125-7825

CUSTOMER NUMBER
IDA000023051



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23051-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23051-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
R.V.I. AMERICA INSURANCE COMPANY
177 BROAD STREET, 9TH FLOOR
STAMFORD, CT 06901

CUSTOMER NUMBER
IDA000023132

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23132-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-23132-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23132-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLI
702 OBERLIN ROAD
RALEIGH, NC 27605

CUSTOMER NUMBER
IDA000023248

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23248-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-23248-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23248-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INLAND INSURANCE COMPANY
P.O. BOX 80468
LINCOLN, NE 68501

CUSTOMER NUMBER
IDA000023264

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23264-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CINCINNATI INDEMNITY COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH 45250-5496

CUSTOMER NUMBER
IDA000023280

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23280-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-23280-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23280-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERIDIAN SECURITY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000023353

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23353-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23353-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERISURE MUTUAL INSURANCE COMPANY
P.O. BOX 2060
FARMINGTON HILLS, MI 48333-2060

CUSTOMER NUMBER
IDA000023396

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23396-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23396-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

SARA ANDERSON
MID-CONTINENT CASUALTY COMPANY
P.O. BOX 1409
TULSA, OK 74101

CUSTOMER NUMBER
IDA000023418

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23418-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23418-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDDLESEX INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-1283

CUSTOMER NUMBER
IDA000023434



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23434-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23434-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-23434-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PATRIOT GENERAL INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-1283

CUSTOMER NUMBER
IDA000023442



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23442-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23442-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000023450

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23450-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23450-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MODERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000023469

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23469-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-23469-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23469-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MONTEREY INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000023540

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23540-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23540-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDWEST FAMILY MUTUAL INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN 55440-9425

CUSTOMER NUMBER
IDA000023574

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23574-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23574-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HARLEYSVILLE INSURANCE COMPANY
355 MAPLE AVENUE
HARLEYSVILLE, PA 19438-2297

CUSTOMER NUMBER
IDA000023582

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23582-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23582-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDWEST EMPLOYERS CASUALTY COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 300
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA000023612

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23612-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-23612-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23612-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL AMERICAN INSURANCE COMPANY
P.O. BOX NINE
1010 MANVEL AVENUE
CHANDLER, OK 74834

CUSTOMER NUMBER
IDA000023663

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23663-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23663-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
P.O. BOX 32039
LONG BEACH, CA 90832-2039

CUSTOMER NUMBER
IDA000023671

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23671-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23671-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ODYSSEY REINSURANCE COMPANY
300 FIRST STAMFORD PLACE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000023680

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23680-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23680-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-23680-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL GENERAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000023728

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23728-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23728-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DIRECT NATIONAL INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

CUSTOMER NUMBER
IDA000023736

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23736-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23736-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
QUANTA INDEMNITY COMPANY
40 FULTON STREET, 12TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000023752

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23752-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23752-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023779

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23779-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-23779-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23779-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE MUTUAL INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023787

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23787-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23787-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-23787-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
GRANITE STATE INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000023809

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-23809-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23809-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-23809-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
ILLINOIS NATIONAL INSURANCE CO.
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000023817



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23817-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23817-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION
1 MANHATTANVILLE ROAD, SUITE 301
PURCHASE, NY 10577

CUSTOMER NUMBER
IDA000023825

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-23825-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
NEW HAMPSHIRE INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000023841



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23841-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-23841-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23841-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MAPFRE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570-0758

CUSTOMER NUMBER
IDA000023876

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23876-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-23876-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-23876-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTHWESTERN NATIONAL INSURANCE CO. OF MILWAUKEE,
9277 CENTRE POINTE DRIVE, SUITE 140
WEST CHESTER, OH 45069

CUSTOMER NUMBER
IDA000023914

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-23914-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-23914-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-23914-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

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

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

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



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTHLAND INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024015

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24015-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24015-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
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
FRA17-24031-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24031-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SURETY BONDING COMPANY OF AMERICA
333 SOUTH WABASH AVENUE
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000024047



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24047-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24047-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
AMERICAN FIRE AND CASUALTY COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024066

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24066-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24066-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
OHIO CASUALTY INSURANCE COMPANY, THE
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024074

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24074-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24074-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-24074-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
OHIO SECURITY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024082

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24082-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24082-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OHIO FARMERS INSURANCE COMPANY
ONE PARK CIRCLE
P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024104

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24104-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24104-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24104-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTFIELD INSURANCE COMPANY
ONE PARK CIRCLE, P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024112

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24112-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-24112-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24112-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTFIELD NATIONAL INSURANCE COMPANY
ONE PARK CIRCLE, P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024120

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-24120-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-24120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
OLD REPUBLIC GENERAL INSURANCE CORPORATION
133 OAKLAND AVENUE
PO BOX 789
GREENSBURG, PA 15601-0789

CUSTOMER NUMBER
IDA000024139

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24139-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24139-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24139-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC INSURANCE COMPANY
P.O. BOX 789
133 OAKLAND AVENUE
GREENSBURG, PA 15601 0789

CUSTOMER NUMBER
IDA000024147

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24147-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24147-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24147-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
NETHERLANDS INSURANCE COMPANY, THE
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024171

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24171-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24171-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
PEERLESS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024198

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24198-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-24198-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24198-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE
2505 COURT STREET
PEKIN, IL 61558

CUSTOMER NUMBER
IDA000024201

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24201-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24201-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PEKIN INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558

CUSTOMER NUMBER
IDA000024228

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24228-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24228-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE CASUALTY INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000024260

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24260-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24260-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE MAX INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000024279

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24279-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24279-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROVIDENCE WASHINGTON INSURANCE COMPANY
475 KILVERT STREET, SUITE 330
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000024295

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24295-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24295-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRIAD GUARANTY INSURANCE CORPORATION
P.O. BOX 2300
101 SO. STRATFORD RD., STE 500
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER
IDA000024350

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA14-24350	Fraud Unit Assessment [ARS § 20-466(J)]	6/28/2013	700.00
FRA15-24350	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FRA16-24350-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
FRA17-24350-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SPINNAKER INSURANCE COMPANY
221 MAIN STREET, SUITE 2
CHESTER, NJ 07930

CUSTOMER NUMBER
IDA000024376

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24376-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-24376-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-24376-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL CASUALTY COMPANY OF WISCONSIN
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000024414



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24414-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24414-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REGENT INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000024449

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24449-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-24449-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24449-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN NATIONAL ASSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000024465

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24465-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-24465-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-24465-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

BOB EELLS
CATLIN INDEMNITY COMPANY
1800 MARKET STREET, SUITE 1616
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000024503

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24503-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24503-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24503-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC UNDERWRITERS INSURANCE COMPANY
P.O. BOX 809076
DALLAS, TX 75380-9076

CUSTOMER NUMBER
IDA000024538

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24538-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24538-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-24538-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
XL INSURANCE AMERICA, INC.
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000024554

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24554-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24554-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

LINDA STRONG
ARROWOOD INDEMNITY COMPANY
P.O. BOX 1000
3600 ARCO CORPORATE DRIVE
CHARLOTTE, NC 28201-1000

CUSTOMER NUMBER
IDA000024678

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24678-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24678-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24678-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
FIRST NATIONAL INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024724

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24724-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24724-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
GENERAL INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024732

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24732-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24732-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-24732-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
SAFECO INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024740

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24740-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24740-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-24740-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
SAFECO NATIONAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000024759

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24759-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24759-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL FIRE AND MARINE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024767

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24767-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24767-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24767-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL GUARDIAN INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024775

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24775-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24775-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-24775-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL MERCURY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024791

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24791-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24791-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-24791-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BALBOA INSURANCE COMPANY
5 PARK PLAZA, SUITE 500
MAIL STOP CA6-503-05-35
IRVINE, CA 92614-8525

CUSTOMER NUMBER
IDA000024813

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24813-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-24813-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24813-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERITPLAN INSURANCE COMPANY
5 PARK PLAZA, SUITE 500
MAIL STOP CA6-503-05-35
IRVINE, CA 92614-8525

CUSTOMER NUMBER
IDA000024821

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24821-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-24821-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24821-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEWPORT INSURANCE COMPANY
5 PARK PLAZA, SUITE 500
MAIL STOP CA6-503-05-35
IRVINE, CA 92614-8525

CUSTOMER NUMBER
IDA000024848

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24848-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24848-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-24848-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALEA NORTH AMERICA INSURANCE COMPANY
185 ASYLUM STREET, 9TH FLOOR, CITYPLACE II
HARTFORD, CT 06103

CUSTOMER NUMBER
IDA000024899

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-24899-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-24899-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EVERSPAN FINANCIAL GUARANTEE CORP.
ONE STATE STREET PLAZA, 15TH FLOOR
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000024961



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-24961-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY INSURANCE A MUTUAL COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000024988

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-24988-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-24988-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-24988-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MAXIN
WESCO INSURANCE COMPANY
5800 LIMARDO CTR, SUITE 200
CLEVELAND, OH 44131

CUSTOMER NUMBER
IDA000025011

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-25011-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-25011-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25011-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HUDSON INSURANCE COMPANY
100 WILLIAM STREET, 5TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000025054

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25054-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-25054-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CLEARWATER INSURANCE COMPANY
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

CUSTOMER NUMBER
IDA000025070

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25070-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25070-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-25070-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COAST NATIONAL INSURANCE COMPANY
900 SOUTH PINE ISLAND ROAD, SUITE 600
PLANTATION, FL 33324

CUSTOMER NUMBER
IDA000025089

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25089-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25089-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000025127

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25127-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25127-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STATE AUTOMOBILE MUTUAL INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215-3976

CUSTOMER NUMBER
IDA000025135

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25135-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25135-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

BETH JOEL MILLER, FIN MGR
STATE FARM FIRE AND CASUALTY COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, IL 61710-0001

CUSTOMER NUMBER
IDA000025143

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25143-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25143-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-25143-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

BETH JOEL MILLER, FIN MGR
STATE FARM GENERAL INSURANCE COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, IL 61710-0001

CUSTOMER NUMBER
IDA000025151

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25151-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25151-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-25151-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

BETH JOEL MILLER, FIN MGR
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000025178

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-25178-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-25178-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25178-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
STILLWATER INSURANCE COMPANY
P. O. BOX 45126
JACKSONVILLE, FL 32232-5126

CUSTOMER NUMBER
IDA000025180



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25180-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMC PROPERTY & CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA 50303-0712

CUSTOMER NUMBER
IDA000025186

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25186-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25186-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY ADVANTAGE INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000025232

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-25232-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-25232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NAU COUNTRY INSURANCE COMPANY
7333 SUNWOOD DRIVE
RAMSEY, MN 55303-5119

CUSTOMER NUMBER
IDA000025240

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25240-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25240-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURAN
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000025321

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25321-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25321-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SWISS REINSURANCE AMERICA CORPORATION
175 KING STREET
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000025364

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-25364-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-25364-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25364-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FAB GARCIA
EMPLOYERS ASSURANCE COMPANY
P.O. BOX 88806
NORTH PALM BEACH, FL 33408-8806

CUSTOMER NUMBER
IDA000025402

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25402-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25402-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAFE AUTO INSURANCE COMPANY
4 EASTON OVAL
COLUMBUS, OH 43219-6010

CUSTOMER NUMBER
IDA000025405

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25405-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25405-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATRADIUS TRADE CREDIT INSURANCE, INC.
230 SCHILLING CIRCLE, SUITE 240
HUNT VALLEY, MD 21031-8643

CUSTOMER NUMBER
IDA000025422

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25422-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25422-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
IRONSHORE SPECIALTY INSURANCE COMPANY
P.O. BOX 3407
NEW YORK, NY 10008

CUSTOMER NUMBER
IDA000025445



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-25445-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
MAP17-25445-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			7,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000025453

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25453-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25453-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

EVETTE ASSESSMENT
STARSTONE NATIONAL INSURANCE COMPANY
HARBORSIDE FINANCIAL CENTER
PLAZA 5, SUITE 2600
JERSEY CITY, NJ 07311

CUSTOMER NUMBER
IDA000025496

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25496-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-25496-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-25496-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: STATUTORY DEPT ASSESSMENT
TIG INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NH 03101

CUSTOMER NUMBER
IDA000025534

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25534-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25534-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-25534-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDEMNITY COMPANY OF CALIFORNIA
P.O. BOX 19725
IRVINE, CA 92623

CUSTOMER NUMBER
IDA000025550



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25550-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
PROFESSIONALS DIRECT INSURANCE COMPANY
THE HANOVER INSURANCE GRP, STATISTICAL DEPT S-436
440 LINCOLN STREET
WORCESTER, MA 01653

CUSTOMER NUMBER
IDA000025585

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25585-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25585-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHARTER OAK FIRE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000025615



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25615-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25615-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHOENIX INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000025623



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25623-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25623-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS INDEMNITY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025658



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25658-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25658-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-25658-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS INDEMNITY COMPANY OF AMERICA, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025666

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25666-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25666-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025674

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25674-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25674-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000025682

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-25682-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-25682-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-25682-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ESURANCE INSURANCE COMPANY
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

CUSTOMER NUMBER
IDA000025712



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25712-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25712-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIGARD INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000025747



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25747-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25747-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-25747-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PEACHTREE CASUALTY INSURANCE COMPANY
350 10TH AVENUE, SUITE 1400
SAN DIEGO, CA 92101

CUSTOMER NUMBER
IDA000025755

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25755-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25755-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CIFG ASSURANCE NORTH AMERICA, INC.
850 THIRD AVENUE, 10TH FLOOR
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000025771



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25771-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WILLIAMSBURG NATIONAL INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034

CUSTOMER NUMBER
IDA000025780

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25780-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25780-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIGARD INDEMNITY COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000025798



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25798-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25798-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

LOREE ROBINSON
UNION INSURANCE COMPANY
ATTN: FINANCIAL REPORTING
P. O. BOX 1594
DES MOINES, IA 50306-1594

CUSTOMER NUMBER
IDA000025844

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25844-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25844-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025879


 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25879-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-25879-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-25879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED STATES FIDELITY AND GUARANTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000025887

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-25887-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-25887-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25887-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED STATES LIABILITY INSURANCE COMPANY
P.O. BOX 6700
1190 DEVON PARK DRIVE
WAYNE, PA 19087-2191

CUSTOMER NUMBER
IDA000025895

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25895-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL SURETY COMPANY
P.O. BOX 80468
LINCOLN, NE 68501

CUSTOMER NUMBER
IDA000025933

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-25933-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED SERVICES AUTOMOBILE ASSOCIATION
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000025941

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25941-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25941-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000025968

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-25968-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25968-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UTICA MUTUAL INSURANCE COMPANY
P.O. BOX 530
UTICA, NY 13503

CUSTOMER NUMBER
IDA000025976

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-25976-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-25976-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-25976-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
WAUSAU UNDERWRITERS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000026042

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-26042-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-26042-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26042-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RESPONSE WORLDWIDE INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 3700
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000026050

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26050-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
WAUSAU BUSINESS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000026069

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26069-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26069-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LANCER INSURANCE COMPANY
370 WEST PARK AVENUE
P.O. BOX 9004
LONG BEACH, NY 11561-9004

CUSTOMER NUMBER
IDA000026077

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26077-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26077-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WARNER INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 3700
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000026085

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26085-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26085-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000026093

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-26093-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-26093-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26093-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MILLENNIUM INSURANCE COMPANY
1011 ROUTE 22 WEST
BRIDGEWATER, NJ 08807

CUSTOMER NUMBER
IDA000026140

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26140-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26140-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
YOSEMITE INSURANCE COMPANY
P.O. BOX 159
EVANSVILLE, IN 47701-0159

CUSTOMER NUMBER
IDA000026220



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-26220-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-26220-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26220-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
1400 AMERICAN LANE, TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000026247

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26247-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26247-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-26247-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COM
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000026298

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26298-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26298-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GRANITE RE, INC.
14001 QUAILBROOK DRIVE
OKLAHOMA CITY, OK 73134

CUSTOMER NUMBER
IDA000026310

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26310-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN ASSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202-4201

CUSTOMER NUMBER
IDA000026344

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26344-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26344-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACCREDITED SURETY AND CASUALTY COMPANY, INC.
P.O. BOX 140855
ORLANDO, FL 32814-0855

CUSTOMER NUMBER
IDA000026379

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26379-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26379-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN HOME INSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000026395

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26395-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26395-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

PAMELA D LONGSON
HARCO NATIONAL INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC 27605

CUSTOMER NUMBER
IDA000026433

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26433-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26433-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COURTESY INSURANCE COMPANY
190 NORTHWEST 12TH AVENUE
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER
IDA000026492

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26492-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26492-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OHIO INDEMNITY COMPANY
250 EAST BROAD STREET, 7TH FLOOR
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000026565

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26565-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26565-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDEPENDENCE AMERICAN INSURANCE COMPANY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022-5872

CUSTOMER NUMBER
IDA000026581

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-26581-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-26581-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26581-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN T. ATTN: STATUTORY DEPT
HAMILTON INSURANCE COMPANY
600 COLLEGE ROAD EAST, SUITE 3500
PRINCETON, NJ 08540

CUSTOMER NUMBER
IDA000026611

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-26611-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-26611-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26611-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JONLEE M BROWN
GREAT NORTHWEST INSURANCE COMPANY
332 MINNESOTA STREET, SUITE W 1800
ST. PAUL, MN 55101

CUSTOMER NUMBER
IDA000026654

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26654-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26654-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MARILYN BEYER
MILWAUKEE CASUALTY INSURANCE CO.
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000026662

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26662-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26662-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CASUALTY UNDERWRITERS INSURANCE COMPANY
P.O. BOX 9510
WICHITA, KS 67277-0510

CUSTOMER NUMBER
IDA000026697

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26697-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26697-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
INSURANCE COMPANY OF ILLINOIS
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000026700

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-26700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-26700-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PLANS' LIABILITY INSURANCE COMPANY
TWO MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181-4712

CUSTOMER NUMBER
IDA000026794

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26794-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26794-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN ALLIANCE INSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202-4201

CUSTOMER NUMBER
IDA000026832

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26832-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26832-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTURY-NATIONAL INSURANCE COMPANY
16650 SHERMAN WAY
VAN NUYS, CA 91406-3782

CUSTOMER NUMBER
IDA000026905

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-26905-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-26905-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EVEREST REINSURANCE COMPANY
P.O. BOX 830
477 MARTINSVILLE ROAD
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000026921

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-26921-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-26921-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-26921-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY MORTGAGE INDEMNITY COMPANY
P.O. BOX 20597
GREENSBORO, NC 27420-0597

CUSTOMER NUMBER
IDA000026999

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-26999-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BOND SAFEGUARD INSURANCE COMPANY
10002 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY 40223-2979

CUSTOMER NUMBER
IDA000027081

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27081-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
YOUNG AMERICA INSURANCE COMPANY
1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

CUSTOMER NUMBER
IDA000027090

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-27090-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-27090-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
TRUMBULL INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000027120

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-27120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-27120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-27120-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDVALE INDEMNITY COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000027138



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27138-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27138-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-27138-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: TAX DEPT. - ASSESSMENT
ATLANTIC SPECIALTY INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

CUSTOMER NUMBER
IDA000027154

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-27154-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-27154-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27154-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PMI MORTGAGE INSURANCE CO.
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP, INC.
WALNUT CREEK, CA 94597-2098

CUSTOMER NUMBER
IDA000027251

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF14-27251	Financial Surveillance Fund [ARS § 20-156(G)]	6/28/2013	22,500.00
FSF17-27251-RH	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
FRA17-27251-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			41,550.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY
P.O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000027464

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-27464-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-27464-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SOUTHWEST GENERAL INSURANCE COMPANY
P.O. BOX 1377
701 WEST COAL AVENUE
GALLUP, NM 87305

CUSTOMER NUMBER
IDA000027499

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-27499-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-27499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN GENERAL INSURANCE COMPANY
5230 LAS VIRGENES ROAD, SUITE 100
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000027502

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27502-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27502-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRSTCOMP INSURANCE COMPANY
P.O. BOX 3009
OMAHA, NE 68103-0009

CUSTOMER NUMBER
IDA000027626



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27626-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27626-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTH POINTE INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000027740

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27740-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27740-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE WEST INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000027804



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-27804-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-27804-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIA INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000027812

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-27812-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-27812-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-27812-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INSURANCE COMPANY OF THE WEST
P.O. BOX 509039
SAN DIEGO, CA 92150-9039

CUSTOMER NUMBER
IDA000027847

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27847-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27847-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000027855

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-27855-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-27855-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27855-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN AGRICULTURAL INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000027871

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-27871-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-27871-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27871-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMEX ASSURANCE COMPANY
20022 NORTH 31ST AVENUE, MC 08-01-20
P.O. BOX 53701
PHOENIX, AZ 85027

CUSTOMER NUMBER
IDA000027928

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27928-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27928-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-27928-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
NATIONAL INSURANCE ASSOCIATION
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000027944

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-27944-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-27944-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000027998

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-27998-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-27998-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
ROCKHILL INSURANCE COMPANY
700 WEST 47TH STREET, SUITE 350
KANSAS CITY, MO 64112

CUSTOMER NUMBER
IDA000028053

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-28053-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	3,600.00
HCA17-28053-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-28053-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-28053-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			4,775.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVCO INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000028188

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28188-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28188-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ANTHEM INSURANCE COMPANIES, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204-4903

CUSTOMER NUMBER
IDA000028207

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28207-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28207-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-28207-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000028223

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-28223-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-28223-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000028258

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-28258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-28258-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FEDERATED SERVICE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000028304

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-28304-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-28304-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-28304-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GATEWAY INSURANCE COMPANY
150 NORTHWEST POINT BOULEVARD, 3RD FLOOR
ELK GROVE VILLAGE, IL 60007

CUSTOMER NUMBER
IDA000028339

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28339-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28339-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
1949 EAST SUNSHINE
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER
IDA000028401

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-28401-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-28401-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-28401-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC MORTGAGE INSURANCE COMPANY
P.O. BOX 2514
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER
IDA000028452

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-28452-SP	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-8020

CUSTOMER NUMBER
IDA000028460



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-28460-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-28460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
USPLATE GLASS INSURANCE COMPANY
ONE WESTBROOK CORPORATE CENTER, SUITE 320
WESTCHESTER, IL 60154

CUSTOMER NUMBER
IDA000028497

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28497-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28497-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EASTERN ATLANTIC INSURANCE COMPANY
5300 DERRY STREET
HARRISBURG, PA 17111

CUSTOMER NUMBER
IDA000028649

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28649-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28649-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CINCINNATI CASUALTY COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH 45250-5496

CUSTOMER NUMBER
IDA000028665

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-28665-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-28665-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28665-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EQUITY INSURANCE COMPANY
4315 LAKESHORE DRIVE, SUITE J
WACO, TX 76710

CUSTOMER NUMBER
IDA000028746

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28746-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28746-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CLEAR BLUE INSURANCE COMPANY
6100 FAIRVIEW ROAD, SUITE 103
CHARLOTTE, NC 28210

CUSTOMER NUMBER
IDA000028860

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28860-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28860-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KEN SIFFORD
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
702 OBERLIN ROAD
C/O IAT REINSURANCE COMP LTD
RALEIGH, NC 27605

CUSTOMER NUMBER
IDA000028886

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28886-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28886-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MARKEL AMERICAN INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060

CUSTOMER NUMBER
IDA000028932



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-28932-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-28932-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROFESSIONALS ADVOCATE INSURANCE COMPANY
225 INTERNATIONAL CIRCLE
HUNT VALLEY, MD 21030

CUSTOMER NUMBER
IDA000029017

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29017-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29017-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATAIN INSURANCE COMPANY
30833 NORTHWESTERN HIGHWAY, SUITE 220
FARMINGTON HILLS, MI 48334

CUSTOMER NUMBER
IDA000029033

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29033-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29033-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-29033-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
IDS PROPERTY CASUALTY INSURANCE COMPANY
3500 PACKERLAND DRIVE
DEPERE, WI 54115-9070

CUSTOMER NUMBER
IDA000029068

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-29068-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-29068-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-29068-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
ARCH MORTGAGE ASSURANCE COMPANY
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP INC
WALNUT CREEK, CA 94597-2098

CUSTOMER NUMBER
IDA000029114

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29114-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED WISCONSIN INSURANCE COMPANY
P.O. BOX 3026
MILWAUKEE, WI 53201-3026

CUSTOMER NUMBER
IDA000029157



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-29157-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-29157-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-29157-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
HARTFORD CASUALTY INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000029424

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-29424-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-29424-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29424-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPA
P.O. BOX 1348
LARAMIE, WY 82073-1348

CUSTOMER NUMBER
IDA000029440

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29440-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-29440-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
TWIN CITY FIRE INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000029459

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-29459-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-29459-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-29459-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BAR PLAN MUTUAL INSURANCE COMPANY, THE
1717 HIDDEN CREEK COURT
ST. LOUIS, MO 63131

CUSTOMER NUMBER
IDA000029513

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29513-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AXA ART INSURANCE CORPORATION
3 WEST 35TH STREET, 11TH FLOOR
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000029530

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29530-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-29530-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

LOREE ROBINSON
BERKLEY REGIONAL INSURANCE COMPANY
ATTN: FINANCIAL REPORTING
P. O. BOX 1594
DES MOINES, IA 50306-1594

CUSTOMER NUMBER
IDA000029580

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29580-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
U.S. SPECIALTY INSURANCE COMPANY
13403 NORTHWEST FREEWAY
HOUSTON, TX 77040-6094

CUSTOMER NUMBER
IDA000029599

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29599-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29599-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-29599-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, IL 60010-9300

CUSTOMER NUMBER
IDA000029688



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29688-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-29688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN ELITE INSURANCE COMPANY
650 ELM STREET
MANCHESTER, NH 03101-2524

CUSTOMER NUMBER
IDA000029700

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-29700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-29700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-29700-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INTEGON NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000029742

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29742-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29742-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC STAR INSURANCE COMPANY
P.O. BOX 509020
SAN DIEGO, CA 92150-9020

CUSTOMER NUMBER
IDA000029793

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29793-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29793-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MORTGAGE GUARANTY INSURANCE CORPORATION
P.O. BOX 756
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000029858

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29858-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN SPECIALTY INSURANCE COMPANY
650 ELM STREET, 6TH FLOOR
MANCHESTER, NH 03101-2596

CUSTOMER NUMBER
IDA000029874



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29874-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-29874-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-29874-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE
P.O. BOX 5024
ONE STATE STREET
HARTFORD, CT 06102-5024

CUSTOMER NUMBER
IDA000029890

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-29890-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-29890-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST COLONIAL INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224-6688

CUSTOMER NUMBER
IDA000029980

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29980-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-29980-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT
UPPER HUDSON NATIONAL INSURANCE COMPANY
444 BRICKELL AVENUE, # 701
MIAMI, FL 33131

CUSTOMER NUMBER
IDA000029998

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-29998-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SCOR REINSURANCE COMPANY
199 WATER STREET, 21ST FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000030058

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-30058-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-30058-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
HARTFORD UNDERWRITERS INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000030104

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-30104-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-30104-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-30104-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ZNAT INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA 91367-5021

CUSTOMER NUMBER
IDA000030120



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-30120-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-30120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ASSURED GUARANTY CORP.
31 WEST 52ND STREET
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000030180

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-30180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-30180-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ESURANCE PROPERTY AND CASUALTY INSURANCE COMPAN
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

CUSTOMER NUMBER
IDA000030210

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-30210-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-30210-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BOSTON INDEMNITY COMPANY, INC.
4 HIGH STREET, SUITE 206
NORTH ANDOVER, MA 01845

CUSTOMER NUMBER
IDA000030279



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-30279-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ZALE INDEMNITY COMPANY
P.O. BOX 152762
IRVING, TX 75015-2762

CUSTOMER NUMBER
IDA000030325



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-30325-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-30325-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARCH INDEMNITY INSURANCE COMPANY
300 PLAZA THREE, 3RD FLOOR
JERSEY CITY, NJ 07311-1107

CUSTOMER NUMBER
IDA000030830

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-30830-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-30830-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RADIAN MORTGAGE ASSURANCE INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103-2337

CUSTOMER NUMBER
IDA000030872

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-30872-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PLAZA INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000030945



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-30945-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-30945-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRI-STATE INSURANCE COMPANY OF MINNESOTA
P.O. BOX 1594
DES MOINES, IA 50306-1594

CUSTOMER NUMBER
IDA000031003



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31003-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31003-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-31003-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPWEST INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004-1163

CUSTOMER NUMBER
IDA000031089

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-31089-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-31089-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
FRA17-31089-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31089-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDICO INSURANCE COMPANY
P.O. BOX 10386
DES MOINES, IA 50306-0386

CUSTOMER NUMBER
IDA000031119



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-31119-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-31119-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN SECURITY INSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202-4201

CUSTOMER NUMBER
IDA000031135



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-31135-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-31135-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN COLONIAL INSURANCE COMPANY
260 WEKIVA SPRINGS ROAD, SUITE 2060
LONGWOOD, FL 32779

CUSTOMER NUMBER
IDA000031151

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31151-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31151-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000031194

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31194-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31194-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-31194-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OAKWOOD INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT 06033-5018

CUSTOMER NUMBER
IDA000031208

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-31208-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-31208-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WORK FIRST CASUALTY COMPANY
1100 EAST 6600 SOUTH, SUITE 260
SALT LAKE CITY, UT 84121

CUSTOMER NUMBER
IDA000031232

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31232-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTH CAR
P.O. BOX 2514
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER
IDA000031275

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31275-SP	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACADIA INSURANCE COMPANY
P.O. BOX 9010
ONE ACADIA COMMONS
WESTBROOK, ME 04098-5010

CUSTOMER NUMBER
IDA000031325

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-31325-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-31325-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KATHLEEN MACKEY
CRUM & FORSTER INDEMNITY COMPANY
SR. TAX ACCOUNTANT
305 MADISON AVENUE
MORRISTOWN, NJ 07962

CUSTOMER NUMBER
IDA000031348

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-31348-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-31348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SURETY COMPANY
250 EAST 96TH STREET, SUITE 202
INDIANAPOLIS, IN 46240

CUSTOMER NUMBER
IDA000031380



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL PACIFIC INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000031453

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-31453-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-31453-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORGUARD INSURANCE COMPANY
P.O. BOX A-H
16 SOUTH RIVER STREET
WILKES-BARRE, PA 18703-0020

CUSTOMER NUMBER
IDA000031470

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-31470-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-31470-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-31470-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CITIZENS INSURANCE COMPANY OF AMERICA
808 NORTH HIGHLANDER WAY
HOWELL, MI 48843

CUSTOMER NUMBER
IDA000031534



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-31534-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-31534-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HAULERS INSURANCE COMPANY, INC.
P.O. BOX 270
COLUMBIA, TN 38402-0270

CUSTOMER NUMBER
IDA000031550



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31550-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31550-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COFACE NORTH AMERICA INSURANCE COMPANY
50 MILLSTONE ROAD, BUILDING 100, SUITE 360
EAST WINDSOR, NJ 08520

CUSTOMER NUMBER
IDA000031887

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-31887-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-31887-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN INTERSTATE INSURANCE COMPANY
2301 HIGHWAY 190 WEST
DERIDDER, LA 70634-6005

CUSTOMER NUMBER
IDA000031895

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31895-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FALLS LAKE NATIONAL INSURANCE COMPANY
6131 FALLS OF NEUSE ROAD, SUITE 306
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000031925

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31925-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-31925-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-31925-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERASTAR INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 3700
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000031968

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-31968-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-31968-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HERITAGE CASUALTY INSURANCE COMPANY
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000032077

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32077-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32077-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-32077-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA
P.O. BOX 2514
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER
IDA000032174

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32174-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONSTITUTION INSURANCE COMPANY
P.O. BOX 8424
OMAHA, NE 68108-8424

CUSTOMER NUMBER
IDA000032190

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-32190-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-32190-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY NORTH AMERICA INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000032220



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32220-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-32220-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-32220-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMMERCIAL CASUALTY INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580

CUSTOMER NUMBER
IDA000032280

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-32280-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-32280-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TNUS INSURANCE COMPANY
230 PARK AVENUE
NEW YORK, NY 10169-0005

CUSTOMER NUMBER
IDA000032301

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-32301-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-32301-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-32301-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
LM PROPERTY AND CASUALTY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000032352

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-32352-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-32352-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-32352-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STAR CASUALTY INSURANCE COMPANY
5539 SOUTHWEST 8TH STREET
MIAMI, FL 33134

CUSTOMER NUMBER
IDA000032387

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-32387-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-32387-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDICAL INSURANCE EXCHANGE OF CALIFORNIA
6250 CLAREMONT AVENUE
OAKLAND, CA 94618-1324

CUSTOMER NUMBER
IDA000032433

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32433-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32433-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALPS PROPERTY & CASUALTY INSURANCE COMPANY
111 NORTH HIGGINS AVENUE, SUITE 200
MISSOULA, MT 59802

CUSTOMER NUMBER
IDA000032450

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-32450-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-32450-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BERKLEY INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830

CUSTOMER NUMBER
IDA000032603

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-32603-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-32603-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-32603-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL INTERSTATE INSURANCE COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

CUSTOMER NUMBER
IDA000032620

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32620-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32620-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909

CUSTOMER NUMBER
IDA000032700

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32700-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIBERTY AMERICAN SELECT INSURANCE COMPANY
ONE BALA PLAZA, SUITE 100
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER
IDA000032760

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-32760-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-32760-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WASHINGTON INTERNATIONAL INSURANCE COMPANY
475 NORTH MARTINGALE ROAD, SUITE 850
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000032778


 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-32778-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-32778-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32778-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE SPECIALTY INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000032786



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32786-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32786-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL INSURANCE COMPANY OF ARIZONA
2602 EAST THOMAS ROAD
PHOENIX, AZ 85016

CUSTOMER NUMBER
IDA000032832

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-32832-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FSF17-32832-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
FRA17-32832-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			19,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

BARB HALLAR
PENN-AMERICA INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004

CUSTOMER NUMBER
IDA000032859

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32859-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32859-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426

CUSTOMER NUMBER
IDA000032867

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-32867-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-32867-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
TRANSPORT INSURANCE COMPANY
101 SUMMER STREET, 5TH FLOOR
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000033014

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP16-33014-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/22/2015	200.00
FRA16-33014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
HCA16-33014-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/22/2015	125.00
HCA17-33014-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-33014-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-33014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			2,550.00

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INSURANCE DEPARTMENT ASSESSMENT

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AXA INSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000033022



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33022-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-33022-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-33022-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS INSURANCE COMPANY
P.O BOX 15707
ST. PETERSBURG, FL 33733

CUSTOMER NUMBER
IDA000033162



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33162-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-33162-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORCAL MUTUAL INSURANCE COMPANY
560 DAVIS STREET, SUITE 200
SAN FRANCISCO, CA 94111-1966

CUSTOMER NUMBER
IDA000033200

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-33200-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-33200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST PROFESSIONALS INSURANCE COMPANY, INC.
1000 RIVERSIDE AVENUE, SUITE 800
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000033383

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33383-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
MAP17-33383-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/9/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROASSURANCE INDEMNITY COMPANY, INC.
P.O. BOX 590009
BIRMINGHAM, AL 35259-0009

CUSTOMER NUMBER
IDA000033391



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33391-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-33391-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DORINCO REINSURANCE COMPANY
1320 WALDO AVENUE, SUITE 200
DORINCO CENTER
MIDLAND, MI 48642

CUSTOMER NUMBER
IDA000033499

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-33499-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
FIRST LIBERTY INSURANCE CORPORATION, THE
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000033588

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-33588-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-33588-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-33588-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
LM INSURANCE CORPORATION
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000033600

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-33600-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-33600-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-33600-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MENDOTA INSURANCE COMPANY
P.O. BOX 64586
ST. PAUL, MN 55164-0586

CUSTOMER NUMBER
IDA000033650

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-33650-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-33650-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC CREDIT INDEMNITY COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000033715

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33715-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-33715-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN SPIRIT INSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202-4201

CUSTOMER NUMBER
IDA000033723

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-33723-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-33723-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-33723-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RADIAN GUARANTY INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000033790

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33790-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AEGIS SECURITY INSURANCE COMPANY
P.O. BOX 3153
HARRISBURG, PA 17105

CUSTOMER NUMBER
IDA000033898



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-33898-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-33898-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-33898-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ADM INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000033987



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-33987-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-33987-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FSF17-33987-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
HCA17-33987-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANS CITY CASUALTY INSURANCE COMPANY
7500 EAST MCDONALD DRIVE, SUITE 700
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER
IDA000034002

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-34002-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34002-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-34002-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HALLMARK INSURANCE COMPANY
777 MAIN STREET, SUITE 1000
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000034037

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-34037-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-34037-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
MAP17-34037-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34037-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL STATES INDEMNITY CO. OF OMAHA
P.O. BOX 34888
OMAHA, NE 68134-0888

CUSTOMER NUMBER
IDA000034274

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34274-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-34274-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-34274-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRODUCERS AGRICULTURE INSURANCE COMPANY
P.O. BOX 229
AMARILLO, TX 79105-0229

CUSTOMER NUMBER
IDA000034312

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34312-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
METROPOLITAN GROUP PROPERTY AND CASUALTY INSURAN
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000034339

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34339-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-34339-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
1400 AMERICAN LANE
TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000034347

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34347-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-34347-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

STEPHEN ASSESSMENT
MAIDSTONE INSURANCE COMPANY
155 MINEOLA BOULEVARD
MINEOLA, NY 11501

CUSTOMER NUMBER
IDA000034460

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-34460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE
P.O. BOX 2900
185 GREENWOOD ROAD
NAPA, CA 94558-0900

CUSTOMER NUMBER
IDA000034495

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-34495-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-34495-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34495-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST AMERICAN SPECIALTY INSURANCE COMPANY
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000034525

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34525-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-34525-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OAK RIVER INSURANCE COMPANY
1314 DOUGLAS STREET
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000034630



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-34630-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34630-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTRE INSURANCE COMPANY
ONE LIBERTY PLAZA
165 BROADWAY, 33RD FLOOR
NEW YORK, NY 10006-1466

CUSTOMER NUMBER
IDA000034649

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-34649-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-34649-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34649-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000034690

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-34690-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-34690-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34690-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMPUTER INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000034711

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-34711-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34711-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARAG INSURANCE COMPANY
400 LOCUST STREET, SUITE 480
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000034738

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34738-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUNZ INSURANCE COMPANY
22 SARASOTA CENTER BOULEVARD
SARASOTA, FL 34240

CUSTOMER NUMBER
IDA000034762

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34762-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-34762-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY CENTENNIAL INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000034789

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-34789-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-34789-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34789-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

ANNUAL ASSESSMENT CONTACT PERSON
INTERNATIONAL CREDIT OF NORTH AMERICA REINSURANCE I
P.O. BOX 460
COLUMBUS, NJ 080220135

CUSTOMER NUMBER
IDA000034860


 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34860	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA
P.O. BOX 4602
15 INDEPENDENCE BOULEVARD
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000034886

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-34886-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34886-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
TRENWICK AMERICA REINSURANCE CORPORATION
1499 POST ROAD 2ND FLOOR
FAIRFIELD, CT 06824

CUSTOMER NUMBER
IDA000034894

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-34894-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-34894-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DAKOTA TRUCK UNDERWRITERS
P.O. BOX 89310
SIOUX FALLS, SD 57109-9310

CUSTOMER NUMBER
IDA000034924



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-34924-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-34924-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL CASUALTY & SURETY, INC.
3131 EASTSIDE, SUITE 600
HOUSTON, TX 77098

CUSTOMER NUMBER
IDA000035009

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-35009-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006

CUSTOMER NUMBER
IDA000035157

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-35157-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-35157-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35157-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: TAX DEPT TAX DEPT
EXECUTIVE RISK INDEMNITY INC.
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059

CUSTOMER NUMBER
IDA000035181

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-35181-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-35181-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000035246



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-35246-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35246-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: BB&A AND OTHER TAXES - 28S
CONTINENTAL INSURANCE COMPANY, THE
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000035289

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-35289-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35289-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-35289-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALLIANZ GLOBAL RISKS US INSURANCE COMPANY
225 WEST WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000035300

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-35300-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-35300-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED AUTOMOBILE INSURANCE COMPANY
1313 NORTHWEST 167TH STREET
MIAMI GARDENS, FL 33169-5739

CUSTOMER NUMBER
IDA000035319

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-35319-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35319-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY AND GUARANTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000035386

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-35386-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-35386-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
IMPERIUM INSURANCE COMPANY
800 GESSNER, SUITE 600
HOUSTON, TX 77024

CUSTOMER NUMBER
IDA000035408

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-35408-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-35408-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-35408-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
U.S. UNDERWRITERS INSURANCE COMPANY
P.O. BOX 6700
1190 DEVON PARK DRIVE
WAYNE, PA 19087

CUSTOMER NUMBER
IDA000035416

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-35416-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35416-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC SECURITY ASSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000035424

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-35424-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-35424-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-35424-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
HCA17-35424-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DAILY UNDERWRITERS OF AMERICA
P.O. BOX 39
CARLISLE, PA 17013

CUSTOMER NUMBER
IDA000035483

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-35483-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-35483-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35483-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ROCKWOOD CASUALTY INSURANCE COMPANY
654 MAIN STREET
ROCKWOOD, PA 15557

CUSTOMER NUMBER
IDA000035505

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-35505-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-35505-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OHIC INSURANCE COMPANY
P.O. BOX 2900
NAPA, CA 94558-0900

CUSTOMER NUMBER
IDA000035602



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-35602-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-35602-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-35602-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LYNDON PROPERTY INSURANCE COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 400
ST LOUIS, MO 63017

CUSTOMER NUMBER
IDA000035769

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-35769-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-35769-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-35769-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEICO GENERAL INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000035882



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-35882-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-35882-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35882-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF
P.O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000035955

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-35955-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-35955-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIONE ITALIANA REINSURANCE COMPANY OF AMERICA, INC.
3024 HARNEY STREET
OMAHA, NE 68131-3580

CUSTOMER NUMBER
IDA000036048

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36048-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36048-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HANOVER AMERICAN INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA 01653

CUSTOMER NUMBER
IDA000036064

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36064-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36064-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS COMMERCIAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000036137



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36137-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36137-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PERSONAL SECURITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000036145

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-36145-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36145-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AETNA INSURANCE COMPANY OF CONNECTICUT
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000036153

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36153-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36153-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036161

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36161-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36161-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY COMPANY OF CONNECTICUT
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036170

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-36170-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36170-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PREFERRED PROFESSIONAL INSURANCE COMPANY
P.O BOX 540658
OMAHA, NE 68154-0658

CUSTOMER NUMBER
IDA000036234



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36234-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36234-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TITAN INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000036269

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-36269-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36269-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GRAY INSURANCE COMPANY, THE
P.O. BOX 6202
METAIRIE, LA 70009-6202

CUSTOMER NUMBER
IDA000036307



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36307-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36307-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CAMICO MUTUAL INSURANCE COMPANY
1800 GATEWAY DRIVE, SUITE 300
SAN MATEO, CA 94404

CUSTOMER NUMBER
IDA000036340

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-36340-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36340-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
LM GENERAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000036447


 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-36447-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-36447-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36447-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE NORTHBROOK INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, IL 60010-9300

CUSTOMER NUMBER
IDA000036455

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-36455-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-36455-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36455-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036463

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-36463-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-36463-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36463-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLISEUM REINSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000036552

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36552-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36552-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SERVICE INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC 27605

CUSTOMER NUMBER
IDA000036560

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36560-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36560-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY NATIONAL INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000036587

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-36587-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-36587-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36587-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
GUARANTEE COMPANY OF NORTH AMERICA USA, THE
ONE TOWNE SQUARE, SUITE 1470
SOUTHFIELD, MI 48076

CUSTOMER NUMBER
IDA000036650

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-36650-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36650-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RIVERPORT INSURANCE COMPANY
P.O. BOX 1594
DES MOINES, IA 50306-1594

CUSTOMER NUMBER
IDA000036684



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-36684-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-36684-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36684-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FMH AG RISK INSURANCE COMPANY
6785 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000036781



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-36781-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-36781-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36781-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SPRINGFIELD INSURANCE COMPANY
P.O. BOX 4193
874 SOUTH VILLAGE OAKS DRIVE
COVINA, CA 91724

CUSTOMER NUMBER
IDA000036790

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-36790-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36790-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MANUFACTURERS ALLIANCE INSURANCE COMPANY
P.O. BOX 3031
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER
IDA000036897

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-36897-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-36897-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-36897-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLONY SPECIALTY INSURANCE COMPANY
P.O. BOX 469012
SAN ANTONIO, TX 78246-9012

CUSTOMER NUMBER
IDA000036927

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36927-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36927-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTURY SURETY COMPANY
550 POLARIS PARKWAY, SUITE 300
WESTERVILLE, OH 43082

CUSTOMER NUMBER
IDA000036951

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-36951-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-36951-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATX PREMIER INSURANCE COMPANY
800 OVERLOOK III, 2859 PACES FERRY ROAD
ATLANTA, GA 30339

CUSTOMER NUMBER
IDA000037001

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37001-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37001-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD UNITED CASUALTY COMPANY
8500 SHAWNEE MISSION PKWY, SUITE 200, P.O. BOX 795
MERRIAM, KS 66201

CUSTOMER NUMBER
IDA000037060

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-37060-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-37060-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37060-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH FINANCIAL ASSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000037095

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37095-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LANDCAR CASUALTY COMPANY
9350 SOUTH 150 EAST, SUITE 1000
SANDY, UT 84070

CUSTOMER NUMBER
IDA000037109

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37109-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN HERITAGE INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000037150

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-37150-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	3,600.00
HCA17-37150-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-37150-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37150-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			4,775.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONTRACTORS BONDING AND INSURANCE COMPANY
9025 NORTH LINDBERGH DRIVE
PEORIA, IL 61615

CUSTOMER NUMBER
IDA000037206

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37206-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
AMERICAN STATES PREFERRED INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000037214

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37214-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37214-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KAREN STEWART
PRAETORIAN INSURANCE COMPANY
STATUTORY ACCOUNTING
88 PINE ST, WALL ST PLAZA 16FL
NEW YORK, NY 10005

CUSTOMER NUMBER
IDA000037257

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-37257-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-37257-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37257-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AXIS INSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA000037273

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-37273-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-37273-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37273-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE MIDWEST
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000037478

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37478-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37478-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BEAZLEY INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000037540

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37540-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37540-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-37540-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TOYOTA MOTOR INSURANCE COMPANY
19001 SOUTH WESTERN AVENUE, NF22
TORRANCE, CA 90501

CUSTOMER NUMBER
IDA000037621

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37621-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37621-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PERMANENT GENERAL ASSURANCE CORPORATION
P.O. BOX 305054
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER
IDA000037648

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37648-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37648-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMP
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000037710

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37710-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37710-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CSAA GENERAL INSURANCE COMPANY
3055 OAK ROAD, MAILSTOP W280
WALNUT CREEK, CA 94597-2098

CUSTOMER NUMBER
IDA000037770



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37770-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37770-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)
400 KELBY STREET, 15TH FLOOR
FORT LEE, NJ 07024

CUSTOMER NUMBER
IDA000037800

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37800-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37800-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE PREFERRED INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000037834

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37834-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37834-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC SPECIALTY INSURANCE COMPANY
2200 GENG ROAD, SUITE 200
PALO ALTO, CA 94303

CUSTOMER NUMBER
IDA000037850

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37850-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37850-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRE-PAID LEGAL CASUALTY, INC.
P.O. BOX 145
ADA, OK 74821

CUSTOMER NUMBER
IDA000037869



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37869-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000037877

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-37877-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-37877-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37877-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
XL SPECIALTY INSURANCE COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000037885

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37885-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37885-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
51 W HIGGINS RD # 72A
SOUTH BARRINGTON, IL 60010-9300

CUSTOMER NUMBER
IDA000037907

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37907-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37907-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-37907-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: TAX DEPT. - ASSESSMENT
ESSENTIA INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

CUSTOMER NUMBER
IDA000037915

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37915-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37915-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEICO MARINE INSURANCE COMPANY
P.O. BOX 22674
880 SOUTH PICKETT STREET
ALEXANDRIA, VA 22304

CUSTOMER NUMBER
IDA000037923

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-37923-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37923-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FARMERS & RANCHERS INSURANCE COMPANY
P.O. BOX 24000
800 NORTH HARVEY
OKLAHOMA CITY, OK 73124-4000

CUSTOMER NUMBER
IDA000037931

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-37931-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-37931-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-37931-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LEXINGTON NATIONAL INSURANCE CORPORATION
P.O. BOX 6098
LUTHERVILLE, MD 21094

CUSTOMER NUMBER
IDA000037940

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37940-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACCEPTANCE INSURANCE COMPANY
300 WEST BROADWAY, SUITE 215
COUNCIL BLUFFS, IA 51503

CUSTOMER NUMBER
IDA000037958

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37958-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37958-RH	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN EMPIRE INSURANCE COMPANY
P.O. BOX 5370
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000037990

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-37990-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-37990-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
ECONOMY PREFERRED INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000038067

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-38067-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-38067-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PERSONAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000038130



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38130-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LANCER INDEMNITY COMPANY
P.O. BOX 9007
LONG BEACH, NY 11561-9007

CUSTOMER NUMBER
IDA000038148

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38148-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38148-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-38148-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALPHA PROPERTY & CASUALTY INSURANCE COMPANY
8360 LBJ FREEWAY, MAIL STOP 400
DALLAS, TX 75243

CUSTOMER NUMBER
IDA000038156

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38156-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38156-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BCS INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181

CUSTOMER NUMBER
IDA000038245


 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-38245-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-38245-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38245-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANC
105 CHALLENGER ROAD, 5TH FLOOR
RIDGEFIELD PARK, NJ 07660

CUSTOMER NUMBER
IDA000038300

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38300-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38300-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
STARR INDEMNITY & LIABILITY COMPANY
3333 LEE PARKWAY, STE 200
DALLAS, TX 75219

CUSTOMER NUMBER
IDA000038318

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-38318-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-38318-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-38318-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH MORTGAGE INSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000038458



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38458-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARIZONA HOME INSURANCE COMPANY
PO BOX 61775
PHOENIX, AZ 85082

CUSTOMER NUMBER
IDA000038490



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-38490-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-38490-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38490-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RAMPART INSURANCE COMPANY
80 BROAD STREET, SUITE 1600
NEW YORK, NY 10004-2246

CUSTOMER NUMBER
IDA000038512

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38512-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38512-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT

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If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIC PROPERTY AND CASUALTY INSURANCE CORPORATION
500 WOODWARD AVENUE, 14TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000038601

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38601-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38601-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE NORTHERN INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000038628

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-38628-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-38628-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PARTNER REINSURANCE COMPANY OF THE U.S.
ONE GREENWICH PLAZA
GREENWICH, CT 06830-6352

CUSTOMER NUMBER
IDA000038636

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-38636-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-38636-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-38636-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MODERN SELECT INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000038652

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-38652-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-38652-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIC GENERAL INSURANCE CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000038660



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-38660-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-38660-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-38660-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
ANCHORAGE, AK 99502

CUSTOMER NUMBER
IDA000038733

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-38733-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-38733-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SIRIUS AMERICA INSURANCE COMPANY
140 BROADWAY, 32ND FLOOR
NEW YORK, NY 10005

CUSTOMER NUMBER
IDA000038776

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38776-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38776-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-38776-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000038865

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-38865-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-38865-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-38865-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INFINITY SECURITY INSURANCE COMPANY
P.O. BOX 830189
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000038873



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-38873-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BERKLEY NATIONAL INSURANCE COMPANY
215 SHUMAN BOULEVARD, SUITE 200
NAPERVILLE, IL 60563

CUSTOMER NUMBER
IDA000038911


 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-38911-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
FRA17-38911-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
MAP17-38911-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/9/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENESIS INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000038962

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38962-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-38962-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-38962-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MARKEL INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060

CUSTOMER NUMBER
IDA000038970

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-38970-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-38970-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-38970-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
SAFECO INSURANCE COMPANY OF ILLINOIS
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000039012

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-39012-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39012-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RURAL COMMUNITY INSURANCE COMPANY
3501 THURSTON AVENUE
ANOKA, MN 55303-1060

CUSTOMER NUMBER
IDA000039039

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-39039-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-39039-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OMNI INSURANCE COMPANY
805 ESTELLE DRIVE, SUITE 209
LANCASTER, PA 17601

CUSTOMER NUMBER
IDA000039098



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-39098-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-39098-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HEALTHCARE INDEMNITY COMPANY
185 GREENWOOD ROAD
NAPA, CA 94558

CUSTOMER NUMBER
IDA000039152

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-39152-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-39152-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
QBE INSURANCE CORPORATION
88 PINE STREET, 4TH FLOOR, WALL STREET PLAZA
NEW YORK, NY 10005-1801

CUSTOMER NUMBER
IDA000039217

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-39217-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-39217-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39217-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
1400 AMERICAN LANE, TOWER 2, 20TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000039306

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-39306-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39306-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL SECURITY NATIONAL INSURANCE COMPANY
199 WATER STREET, 21ST FLOOR
ONE SEAPORT PLAZA
NEW YORK, NY 10038-3526

CUSTOMER NUMBER
IDA000039322

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-39322-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-39322-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39322-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HERITAGE INDEMNITY COMPANY
7125 WEST JEFFERSON AVENUE, SUITE 200
LAKEWOOD, CO 80235

CUSTOMER NUMBER
IDA000039527

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-39527-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39527-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONTINENTAL HERITAGE INSURANCE COMPANY
6140 PARKLAND BOULEVARD, SUITE 321
MAYFIELD HEIGHTS, OH 44124

CUSTOMER NUMBER
IDA000039551

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-39551-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NUTMEG INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000039608

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-39608-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-39608-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VISION SERVICE PLAN INSURANCE COMPANY
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670-7985

CUSTOMER NUMBER
IDA000039616

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-39616-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-39616-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EXCALIBUR REINSURANCE CORPORATION
1880 JFK BOULEVARD, SUITE 801
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000039675

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP16-39675-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/22/2015	200.00
FRA16-39675-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
MAP17-39675-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39675-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			2,300.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTPORT INSURANCE CORPORATION
P.O. BOX 2991
5200 METCALF
OVERLAND PARK, KS 66201-1391

CUSTOMER NUMBER
IDA000039845

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-39845-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-39845-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39845-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GOLDEN BEAR INSURANCE COMPANY
P.O. BOX 271
STOCKTON, CA 95201

CUSTOMER NUMBER
IDA000039861



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-39861-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-39861-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL GENERAL INSURANCE COMPANY
1949 EAST SUNSHINE
CORPORATE CENTRE
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER
IDA000039942

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-39942-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-39942-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
METROPOLITAN GENERAL INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000039950

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-39950-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-39950-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SAFETY CASUALTY INSURANCE COMPANY
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

CUSTOMER NUMBER
IDA000039969

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-39969-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-39969-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ANCHOR GENERAL INSURANCE COMPANY
10256 MEANLEY DRIVE
SAN DIEGO, CA 92131

CUSTOMER NUMBER
IDA000040010



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-40010-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-40010-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EXPLORER INSURANCE COMPANY
P.O. BOX 509039
SAN DIEGO, CA 92150-9039

CUSTOMER NUMBER
IDA000040029



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-40029-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-40029-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40029-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STARNET INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830

CUSTOMER NUMBER
IDA000040045



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-40045-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-40045-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-40045-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KLEVER CHANGO
CASTLEPOINT NATIONAL INSURANCE COMPANY
120 BROADWAY, 51ST FLOOR
NEW YORK, NY 10271

CUSTOMER NUMBER
IDA000040134

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40134-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40134-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN ZURICH INSURANCE COMPANY
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000040142



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-40142-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-40142-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-40142-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MGA INSURANCE COMPANY, INC.
P.O. BOX 199023
DALLAS, TX 75219

CUSTOMER NUMBER
IDA000040150



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40150-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40150-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
METROPOLITAN CASUALTY INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000040169

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40169-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40169-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
XL INSURANCE COMPANY OF NEW YORK, INC.
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000040193

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-40193-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-40193-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
AIG ASSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

CUSTOMER NUMBER
IDA000040258

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40258-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
ARCH MORTGAGE INSURANCE COMPANY
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP INC
WALNUT CREEK, CA 94597-2098

CUSTOMER NUMBER
IDA000040266

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40266-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS COMMERCIAL CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000040282

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40282-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-40282-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-40282-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PIONEER SPECIALTY INSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000040312

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40312-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40312-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIA MUTUAL INSURANCE COMPANY
P.O. BOX 618
COLUMBIA, MO 65205

CUSTOMER NUMBER
IDA000040371



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40371-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40371-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ASHMERE INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT 06033-5018

CUSTOMER NUMBER
IDA000040398

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-40398-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-40398-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-40398-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STRATFORD INSURANCE COMPANY
400 PARSON'S POND DRIVE
FRANKLIN LAKES, NJ 07417-2600

CUSTOMER NUMBER
IDA000040436



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-40436-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-40436-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC SURETY COMPANY
P.O. BOX 1635
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000040444



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40444-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAGAMORE INSURANCE COMPANY
111 CONGRESSIONAL BOULEVARD, SUITE 500
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000040460

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-40460-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-40460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC-VANGUARD INSURANCE COMPANY
P.O. BOX 809076
DALLAS, TX 75380-9076

CUSTOMER NUMBER
IDA000040479

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-40479-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-40479-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-40479-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-40479-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ADVANTAGE WORKERS COMPENSATION INSURANCE COMPA
P.O. BOX 571918
SALT LAKE CITY, UT 84157-1918

CUSTOMER NUMBER
IDA000040517

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40517-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40517-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY CREDIT INSURANCE COMPANY
P.O. BOX 20597
GREENSBORO, NC 27420-0597

CUSTOMER NUMBER
IDA000040525

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40525-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY MADDEN
ECONOMY PREMIER ASSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000040649

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40649-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40649-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MARILYN - ASSESSMENT
UNITRIN SAFEGUARD INSURANCE COMPANY
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000040703

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40703-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40703-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, IN
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000040789

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40789-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40789-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VIRGINIA SURETY COMPANY, INC.
175 WEST JACKSON BOULEVARD, 11TH FLOOR
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000040827



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40827-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-40827-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-40827-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPAN
PREMIUM TAX DEPT. T 2/20
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000040843

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-40843-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-40843-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DENTISTS INSURANCE COMPANY, THE
P.O. BOX 1582
1201 K STREET, 17TH FLOOR
SACRAMENTO, CA 95812

CUSTOMER NUMBER
IDA000040975

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-40975-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-40975-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPAN
P.O. BOX 2900
NAPA, CA 94558

CUSTOMER NUMBER
IDA000041050

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41050-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRIUMPHE CASUALTY COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

CUSTOMER NUMBER
IDA000041106



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41106-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41106-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS INSURANCE COMPANY
PREMIUM TAX DEPT. T 2/20
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000041181

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41181-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-41181-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-41181-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRITON INSURANCE COMPANY
3001 MEACHAM BOULEVARD, SUITE 200
FORT WORTH, TX 76137

CUSTOMER NUMBER
IDA000041211

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-41211-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-41211-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-41211-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANS PACIFIC INSURANCE COMPANY
230 PARK AVENUE
NEW YORK, NY 10169

CUSTOMER NUMBER
IDA000041238

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-41238-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-41238-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JEFFREY SIEFKER
SCOTTSDALE INSURANCE COMPANY
1-04-701
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000041297

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41297-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41297-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

BARB HALLAR
UNITED NATIONAL SPECIALTY INSURANCE COMPANY
THREE BALA PLAZA, EAST, SUITE 300
BALA CYNWYD, PA 19004

CUSTOMER NUMBER
IDA000041335

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41335-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41335-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HDI GLOBAL INSURANCE COMPANY
161 NORTH CLARK STREET, 48TH FLOOR
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000041343

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41343-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-41343-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-41343-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
BENCHMARK INSURANCE COMPANY
775 PRAIRIE CENTER DRIVE, STE 420
EDEN PRAIRIE, MN 55344

CUSTOMER NUMBER
IDA000041394

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-41394-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-41394-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-41394-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
P.O. BOX 3031
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER
IDA000041424



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-41424-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-41424-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-41424-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARMED FORCES INSURANCE EXCHANGE
550 EISENHOWER ROAD
LEAVENWORTH, KS 66048

CUSTOMER NUMBER
IDA000041459



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41459-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41459-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARMINGTON CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

CUSTOMER NUMBER
IDA000041483



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41483-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-41483-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-41483-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GEICO CASUALTY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000041491



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-41491-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-41491-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FOREMOST SIGNATURE INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000041513

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-41513-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-41513-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-41513-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RED SHIELD INSURANCE COMPANY
1411 SW MORRISON ST. STE.400
PORTLAND, OR 97205-1945

CUSTOMER NUMBER
IDA000041580

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41580-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW ENGLAND REINSURANCE CORPORATION
100 HIGH STREET
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000041629

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41629-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41629-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

DAVID DELONG
MILBANK INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215-3976

CUSTOMER NUMBER
IDA000041653



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-41653-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-41653-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41653-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CONSTITUTION STATE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000041750

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-41750-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-41750-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000041769

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41769-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41769-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN - CORP TAX
COLORADO CASUALTY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000041785

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41785-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41785-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
THE HANOVER INSURANCE GRP, STATISTICAL DEPT S-436
440 LINCOLN STREET
WORCESTER, MA 01653

CUSTOMER NUMBER
IDA000041840

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-41840-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-41840-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41840-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SOUTHERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000041998

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-41998-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-41998-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

BARB HALLAR
DIAMOND STATE INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004

CUSTOMER NUMBER
IDA000042048

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-42048-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-42048-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-42048-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
P.O. BOX 64477
SOUDERTON, PA 18964

CUSTOMER NUMBER
IDA000042129

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-42129-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-42129-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRINCETON INSURANCE COMPANY
746 ALEXANDER ROAD
PRINCETON, NJ 08540-6305

CUSTOMER NUMBER
IDA000042226

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42226-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-42226-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-42226-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY
333 SOUTH SEVENTH STREET, SUITE 2200
MINNEAPOLIS, MN 55402

CUSTOMER NUMBER
IDA000042234

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42234-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42234-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOUNTAINPOINT INSURANCE COMPANY
3030 NORTH THIRD STREET
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000042242



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42242-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-42242-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
MAP17-42242-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,350.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NAVIGATORS INSURANCE COMPANY
400 ATLANTIC STREET, 8TH FLOOR
STAMFORD, CT 06901

CUSTOMER NUMBER
IDA000042307

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42307-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-42307-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-42307-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE AMERICA INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER
IDA000042331

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42331-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CATHY - ASSESSMENT
TECHNOLOGY INSURANCE COMPANY, INC.
5800 LOMBARDO CTR, SUITE 200
CLEVELAND, OH 44131

CUSTOMER NUMBER
IDA000042376

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42376-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42376-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMGUARD INSURANCE COMPANY
P.O. BOX A-H
16 SOUTH RIVER STREET
WILKES-BARRE, PA 18703-0020

CUSTOMER NUMBER
IDA000042390

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-42390-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-42390-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42390-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
LIBERTY INSURANCE CORPORATION
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000042404

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42404-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42404-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TOA REINSURANCE COMPANY OF AMERICA, THE
177 MADISON AVENUE
MORRISTOWN, NJ 07962

CUSTOMER NUMBER
IDA000042439

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42439-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42439-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL GENERAL ASSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000042447

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42447-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42447-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NOVA CASUALTY COMPANY
5 WATERSIDE CROSSING, SUITE 201
WINDSOR, CT 06095

CUSTOMER NUMBER
IDA000042552



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42552-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-42552-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-42552-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042579

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42579-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42579-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DEPOSITORS INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042587

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42587-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42587-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AFFIRMATIVE INSURANCE COMPANY
4450 SOJOURN DRIVE, SUITE 500
ADDISON, TX 75001-5094

CUSTOMER NUMBER
IDA000042609

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-42609-RH	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-42609-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ROCHE SURETY AND CASUALTY COMPANY, INC.
4107 NORTH HIMES AVENUE, 2ND FLOOR
TAMPA, FL 33607

CUSTOMER NUMBER
IDA000042706

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42706-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000042722

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-42722-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-42722-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-42722-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRADERS INSURANCE COMPANY
P.O. BOX 5374
KANSAS CITY, MO 64131

CUSTOMER NUMBER
IDA000042749



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-42749-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-42749-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AGRI GENERAL INSURANCE COMPANY
9200 NORTHPARK DRIVE, SUITE 350
JOHNSTON, IA 50131-3007

CUSTOMER NUMBER
IDA000042757

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42757-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42757-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTURION CASUALTY COMPANY
800 WALNUT STREET
DES MOINES, IA 50309-3636

CUSTOMER NUMBER
IDA000042765



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-42765-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-42765-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42765-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE ELITE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER
IDA000042803

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42803-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42803-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MENDAKOTA CASUALTY COMPANY
150 PIERCE ROAD, FLOOR 6
ITASCA, IL 60143-1222

CUSTOMER NUMBER
IDA000042862



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-42862-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-42862-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-42862-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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**ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT**

July 1, 2016

CUSTOMER NUMBER
IDA000042870

HEARTLAND INSURANCE COMPANY OF AMERICA
C/O CHAPMAN & CUTLER, 2 NORTH CENTRAL, SUITE 1100
PHOENIX, AZ 85004-2383

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA03-42870	Health Care Appeals Fund pursuant to A.R.S. § 20-2541(2)	10/3/2002	60.00
FRA03-42870	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	10/3/2002	700.00
MAP03-42870	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(E)]	10/3/2002	200.00
MAP05-42870	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	7/8/2004	200.00
FRA05-42870	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	7/8/2004	625.00
HCA05-42870	Health Care Appeals Fund pursuant to A.R.S. § 20-2541(2)	7/8/2004	60.00
FRA05A-42870	Correction to FY 2005 Fraud Unit Assessment	10/27/2004	75.00
MAP06-42870	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	8/5/2005	200.00
HCA06-42870	Health Care Appeals Fund pursuant to A.R.S. § 20-2541(2)	8/5/2005	60.00
FRA06-42870	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	8/5/2005	700.00
HCA07-42870	Health Care Appeals Fund pursuant to A.R.S. § 20-2541(2)	8/4/2006	60.00
MAP07-42870	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	8/4/2006	200.00
FRA07-42870	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	8/4/2006	700.00
HCA08-42870	Health Care Appeals Fund pursuant to A.R.S. § 20-2541(2)	7/16/2007	60.00
MAP08-42870	Assessment Fund for Voluntary Plans [A.R.S. § 20-2201(D)]	7/16/2007	200.00
FRA08-42870	Fraud Unit Assessment pursuant to A.R.S. § 20-466(J)	7/16/2007	700.00
FRA09-42870	Fraud Unit Assessment [ARS § 20-466(J)]	6/30/2008	700.00
HCA09-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	6/30/2008	60.00
MAP09-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/30/2008	200.00
HCA10-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	7/10/2009	200.00
FRA10-42870	Fraud Unit Assessment [ARS § 20-466(J)]	7/10/2009	700.00
MAP10-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/10/2009	200.00
FRA11-42870	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2010	700.00
MAP11-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/29/2010	200.00
HCA11-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2010	200.00
MAP12-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/29/2011	200.00
FRA12-42870	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2011	700.00
HCA12-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2011	200.00
MAP13-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/29/2012	200.00
FRA13-42870	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2012	700.00
HCA13-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2012	200.00
HCA14-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	6/28/2013	130.00
MAP14-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	6/28/2013	200.00
FRA14-42870	Fraud Unit Assessment [ARS § 20-466(J)]	6/28/2013	700.00
FRA15-42870	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00

The Arizona Department of Insurance is an Equal Employment Opportunity Agency that complies with the Americans With Disabilities Act of 1990 and the Arizonans With Disabilities Act of 1992. Individuals requiring accommodation with a disability should call the Insurance Department ADA Coordinator at 602-364-3100.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

HCA15-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
MAP16-42870-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/22/2015	200.00
HCA16-42870-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/22/2015	125.00
FRA16-42870-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
HCA17-42870-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-42870-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42870-SU	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			14,765.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VICTORIA FIRE & CASUALTY COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042889

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42889-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42889-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SERVICE INSURANCE COMPANY, INC.
150 NORTHWEST POINT BOULEVARD
ELK GROVE VILLAGE, IL 60007-1018

CUSTOMER NUMBER
IDA000042897

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42897-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42897-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE NORTHWESTERN INSURANCE COMPANY
6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

CUSTOMER NUMBER
IDA000042919

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42919-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42919-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SECURITY INSURANCE COMPANY
260 INTERSTATE NO.CIRCLE, SE
ATLANTA, GA 30339

CUSTOMER NUMBER
IDA000042978




Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-42978-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-42978-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-42978-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD GUARANTY INSURANCE COMPANY
260 INTERSTATE NO. CIRCLE, SE
ATLANTA, GA 30339-2210

CUSTOMER NUMBER
IDA000042986

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-42986-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-42986-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-42986-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE CLASSIC INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000042994

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-42994-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-42994-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RESPONSE INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 3700
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000043044

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-43044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-43044-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN EQUITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000043117



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-43117-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	3,600.00
FRA17-43117-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-43117-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			4,650.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KIM ASSESSMENT
ASPEN AMERICAN INSURANCE COMPANY
175 CAPITAL BOULEVARD
ROCKY HILL, CT 06067

CUSTOMER NUMBER
IDA000043460

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-43460-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-43460-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-43460-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
777 MAIN STREET, SUITE 1000
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000043494

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-43494-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-43494-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000043575

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-43575-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
HCA17-43575-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-43575-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARMERS SPECIALTY INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000043699



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-43699-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-43699-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TOWER NATIONAL INSURANCE COMPANY
59 MAIDEN LANE, 38TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000043702



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-43702-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-43702-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at **602-364-2459**.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA 91436-2936

CUSTOMER NUMBER
IDA000043753

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-43753-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-43753-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RAINIER INSURANCE COMPANY
7245 WEST MARGINAL WAY, S.W.
SEATTLE, WA 98106

CUSTOMER NUMBER
IDA000043915

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-43915-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-43915-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
MAP17-43915-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,650.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY INDEMNITY INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000043974

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-43974-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-43974-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-43974-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TOWER INSURANCE COMPANY OF NEW YORK
59 MAIDEN LANE, 38TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000044300

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP17-44300-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-44300-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ADMIRAL INDEMNITY COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 07070

CUSTOMER NUMBER
IDA000044318

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-44318-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-44318-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000044369



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-44369-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-44369-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN VALE
WEST AMERICAN INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000044393

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-44393-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-44393-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE PALOVERDE INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000044695

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-44695-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-44695-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VANTAPRO SPECIALTY INSURANCE COMPANY
199 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000044768

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-44768-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
MAP17-44768-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
FRA17-44768-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN COMPENSATION INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000045934

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-45934-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
MAP17-45934-AC	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]: NONE	7/1/2016	0.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SIGHTCARE, INC.
220 NORTH MCKEMY BOULEVARD
CHANDLER, AZ 85226

CUSTOMER NUMBER
IDA000047012

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-47012-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-47012-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-47012-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.
1571 SAWGRASS CORPORATE PARKWAY, SUITE 140
SUNRISE, FL 33323

CUSTOMER NUMBER
IDA000047013

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-47013-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
HCA17-47013-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-47013-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED DENTAL CARE OF ARIZONA, INC.
P.O. BOX 419052
FORTIS BENEFITS INSURANCE CO.
KANSAS CITY, MO 64141-6052

CUSTOMER NUMBER
IDA000047708

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-47708-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-47708-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-47708-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TITLE RESOURCES GUARANTY COMPANY
8111 LBJ FREEWAY, SUITE 1200
DALLAS, TX 75251

CUSTOMER NUMBER
IDA000050016



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50016-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DAKOTA HOMESTEAD TITLE INSURANCE COMPANY
315 SOUTH PHILLIPS AVENUE
SIOUX FALLS, SD 57104

CUSTOMER NUMBER
IDA000050020

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50020-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PREMIER LAND TITLE INSURANCE COMPANY
P.O. BOX 199000
DALLAS, TX 75219

CUSTOMER NUMBER
IDA000050026



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50026-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTCOR LAND TITLE INSURANCE COMPANY
875 CONCOURSE PARKWAY SOUTH, SUITE 200
MAITLAND, FL 32751

CUSTOMER NUMBER
IDA000050050

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50050-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMMONWEALTH LAND TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000050083

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50083-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STEWART TITLE GUARANTY COMPANY
P.O. BOX 2029, 1980 POST OAK BOULEVARD, SUITE 800
HOUSTON, TX 77252-2029

CUSTOMER NUMBER
IDA000050121

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50121-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

LORA L. OSTERLOH
NORTH AMERICAN TITLE INSURANCE COMPANY
1855 GATEWAY BOULEVARD, SUITE 600
CONCORD, CA 94520

CUSTOMER NUMBER
IDA000050130

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHICAGO TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000050229

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50229-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS TITLE INSURANCE COMPANY
121 NORTH COLUMBIA STREET
CHAPEL HILL, NC 27514

CUSTOMER NUMBER
IDA000050369

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50369-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
REAL ADVANTAGE TITLE INSURANCE COMPANY
640 NORTH TUSTIN AVENUE, SUITE 106
SANTA ANA, CA 92705

CUSTOMER NUMBER
IDA000050440

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50440-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER
IDA000050520

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50520-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST AMERICAN TITLE INSURANCE COMPANY
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000050814

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-50814-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL TITLE INSURANCE OF NEW YORK INC.
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000051020

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-51020-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MICHELE MARTIN
WFG NATIONAL TITLE INSURANCE COMPANY
7401 CARMEL EXECUTIVE PARK DRIVE, SUITE 105
CHARLOTTE, NC 28226-8403

CUSTOMER NUMBER
IDA000051152

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-51152-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN GUARANTY TITLE INSURANCE COMPANY
4040 NORTH TULSA AVENUE
OKLAHOMA CITY, OK 73112

CUSTOMER NUMBER
IDA000051411

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-51411-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY NATIONAL TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000051586

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-51586-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST AMERICAN TITLE GUARANTY COMPANY
ONE FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000051624

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-51624-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ENTITLE INSURANCE COMPANY
3 SUMMIT PARK DRIVE, SUITE 525
INDEPENDENCE, OH 44131

CUSTOMER NUMBER
IDA000051632

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-51632-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.
2111 EAST HIGHLAND AVENUE, SUITE 250
PHOENIX, AZ 85016-4735

CUSTOMER NUMBER
IDA000052120

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-52120-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-52120-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-52120-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,475.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS DENTAL SERVICES, INC.
P.O. BOX 36600
TUCSON, AZ 85740-6600

CUSTOMER NUMBER
IDA000053090

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-53090-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-53090-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-53090-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
2444 WEST LAS PALMARITAS DRIVE
PHOENIX, AZ 85021-4860

CUSTOMER NUMBER
IDA000053589

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-53589-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-53589-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
HCA17-53589-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ARIZONA DENTAL INSURANCE SERVICE, INC.
5656 WEST TALAVI BOULEVARD
GLENDALE, AZ 85306

CUSTOMER NUMBER
IDA000053597



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-53597-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
FRA17-53597-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-53597-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE
2041 EXCHANGE DRIVE
SAINT CHARLES, MO 63303

CUSTOMER NUMBER
IDA000056006

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56006-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
THRIVENT FINANCIAL FOR LUTHERANS
625 FOURTH AVENUE SOUTH
MINNEAPOLIS, MN 55415-1624

CUSTOMER NUMBER
IDA000056014



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CATHOLIC FINANCIAL LIFE
P.O. BOX 3211
MILWAUKEE, WI 53201-3211

CUSTOMER NUMBER
IDA000056030

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56030-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL MUTUAL BENEFIT
P.O. BOX 1527
MADISON, WI 53701-1527

CUSTOMER NUMBER
IDA000056073



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56073-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GLENER LIFE INSURANCE SOCIETY
5200 WEST U.S. 223
ADRIAN, MI 49221

CUSTOMER NUMBER
IDA000056154

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56154-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WOMAN'S LIFE INSURANCE SOCIETY
1338 MILITARY STREET, P.O. BOX 5020
PORT HURON, MI 48061-5020

CUSTOMER NUMBER
IDA000056170

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56170-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION
2439 GLENWOOD AVENUE
JOLIET, IL 60435

CUSTOMER NUMBER
IDA000056227

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56227-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE
24950 CHAGRIN BOULEVARD
BEACHWOOD, OH 44122-5634

CUSTOMER NUMBER
IDA000056332

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56332-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,
6611 ROCKSIDE ROAD
INDEPENDENCE, OH 44131

CUSTOMER NUMBER
IDA000056340

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56340-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, T
1801 WATERMARK DRIVE, SUITE 100
P.O. BOX 159019
COLUMBUS, OH 43215-8619

CUSTOMER NUMBER
IDA000056383

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56383-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ASSURED LIFE ASSOCIATION
P.O. BOX 3169
ENGLEWOOD, CO 80155-3169

CUSTOMER NUMBER
IDA000056499



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56499-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CROATIAN FRATERNAL UNION OF AMERICA
100 DELANEY DRIVE
PITTSBURGH, PA 15235

CUSTOMER NUMBER
IDA000056634



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56634-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREEK CATHOLIC UNION OF THE U.S.A
5400 TUSCARAWAS ROAD
BEAVER, PA 15009-9513

CUSTOMER NUMBER
IDA000056693



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56693-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
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
FRA17-56758-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL SLOVAK SOCIETY OF THE USA, THE
351 VALLEY BROOK ROAD
MCMURRAY, PA 15317

CUSTOMER NUMBER
IDA000056782



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-56782-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DEGREE OF HONOR PROTECTIVE ASSOCIATION
287 W. LAFAYETTE FRONTAGE ROAD, SUITE 200
ST. PAUL, MN 55107-3464

CUSTOMER NUMBER
IDA000057088

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57088-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SONS OF NORWAY
1455 WEST LAKE STREET
MINNEAPOLIS, MN 55408

CUSTOMER NUMBER
IDA000057142

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57142-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BAPTIST LIFE ASSOCIATION
8555 MAIN STREET
BUFFALO, NY 14221

CUSTOMER NUMBER
IDA000057223



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57223-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 FARNAM STREET
WOODMEN TOWER
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000057320

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57320-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CATHOLIC LIFE INSURANCE
P.O. BOX 659527
1635 NORTHEAST LOOP 410
SAN ANTONIO, TX 78265-9527

CUSTOMER NUMBER
IDA000057347



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57347-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CATHOLIC ORDER OF FORESTERS
P.O. BOX 3012
355 SHUMAN BOULEVARD
NAPERVILLE, IL 60566-7012

CUSTOMER NUMBER
IDA000057487

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57487-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MODERN WOODMEN OF AMERICA
1701 FIRST AVENUE
ROCK ISLAND, IL 61201

CUSTOMER NUMBER
IDA000057541



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57541-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.
6100 NORTH CICERO AVENUE
BUREAU OF REGULATORY AFFAIRS
CHICAGO, IL 60646-4385

CUSTOMER NUMBER
IDA000057622

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57622-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ROYAL NEIGHBORS OF AMERICA
230 16TH STREET
ROCK ISLAND, IL 61201

CUSTOMER NUMBER
IDA000057657

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57657-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SLOVENE NATIONAL BENEFIT SOCIETY
247 WEST ALLEGHENY ROAD
IMPERIAL, PA 15126

CUSTOMER NUMBER
IDA000057673

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57673-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EVERENCE ASSOCIATION, INC.
P.O. BOX 483
GOSHEN, IN 46527

CUSTOMER NUMBER
IDA000057991

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-57991-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
KNIGHTS OF COLUMBUS
P.O. BOX 1670
NEW HAVEN, CT 06507-0901

CUSTOMER NUMBER
IDA000058033



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-58033-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

KEN DEETH
INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
789 DON MILLS ROAD, FINANCIAL REPORTING 16TH FLOOR
TORONTO, ONTARIO CA, ** M3C -1T9

CUSTOMER NUMBER
IDA000058068

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-58068-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUPREME COUNCIL OF THE ROYAL ARCANUM
61 BATTERYMARCH STREET
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000058181

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-58181-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN RECANATINI
PARK AVENUE LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000060003

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60003-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60003-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HUMANA BENEFIT PLAN OF ILLINOIS, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000060052

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60052-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000060054

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60054-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60054-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TUFTS INSURANCE COMPANY
705 MOUNT AUBURN STREET
WATERTOWN, MA 02472-1508

CUSTOMER NUMBER
IDA000060117

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60117-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60117-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN NATIONAL RE INSURANCE COMPANY
8400 EAST PRENTICE AVENUE, SUITE 1250
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000060118

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60118-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60118-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TIAA-CREF LIFE INSURANCE COMPANY
730 THIRD AVENUE
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000060142

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60142-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
FRA17-60142-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
S.USA LIFE INSURANCE COMPANY, INC.
P.O. BOX 1050
NEWARK, NJ 07101

CUSTOMER NUMBER
IDA000060183



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60183-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-60183-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-60183-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

REX BORDERS, PROJ MGR
ALLSTATE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000060186

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60186-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60186-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUPERIOR VISION INSURANCE, INC.
939 ELKRIDGE LANDING ROAD, SUITE 200
LINTHICUM, MD 21090

CUSTOMER NUMBER
IDA000060188

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60188-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-60188-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
FRA17-60188-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMALGAMATED LIFE INSURANCE COMPANY
333 WESTCHESTER AVENUE, NORTH BUILDING
WHITE PLAINS, NY 10604

CUSTOMER NUMBER
IDA000060216

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60216-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60216-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY
ONE LIBERTY PLACE, 1650 MARKET STREET, 54TH FLOOR
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000060232

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60232-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PREMIER ACCESS INSURANCE COMPANY
8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826

CUSTOMER NUMBER
IDA000060237

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60237-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60237-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMFIRST INSURANCE COMPANY
P.O. BOX 16708
JACKSON, MS 39236

CUSTOMER NUMBER
IDA000060250

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60250-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORID
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER
IDA000060275

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60275-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60275-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACE LIFE INSURANCE COMPANY
TWO STAMFORD PLAZA, 281 TRESSER BOULEVARD
STAMFORD, CT 06901-3264

CUSTOMER NUMBER
IDA000060348

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60348-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60348-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBU
1932 WYNNNTON ROAD
COLUMBUS, GA 31999

CUSTOMER NUMBER
IDA000060380

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60380-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60380-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY LIFE INSURANCE COMPANY
6000 AMERICAN PARKWAY
AMERICAN FAMILY INS. GROUP
MADISON, WI 53783

CUSTOMER NUMBER
IDA000060399

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60399-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60399-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FIDELITY ASSURANCE COMPANY
P.O. BOX 25523
OKLAHOMA CITY, OK 73125-0523

CUSTOMER NUMBER
IDA000060410



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60410-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60410-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 4847
PENSACOLA, FL 32507

CUSTOMER NUMBER
IDA000060429

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60429-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60429-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAGICOR LIFE INSURANCE COMPANY
P.O. BOX 52121
PHOENIX, AZ 85072-2121

CUSTOMER NUMBER
IDA000060445

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60445-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN GENERAL LIFE INSURANCE COMPANY
P.O. BOX 1591
HOUSTON, TX 77251-1591

CUSTOMER NUMBER
IDA000060488

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60488-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60488-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76137

CUSTOMER NUMBER
IDA000060518

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60518-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60518-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
AMERICAN HERITAGE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, STE H2D
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000060534

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60534-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60534-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HOME LIFE INSURANCE COMPANY
P.O. BOX 1497
TOPEKA, KS 66601

CUSTOMER NUMBER
IDA000060542

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60542-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60542-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN INCOME LIFE INSURANCE COMPANY
P.O. BOX 2608
WACO, TX 76797

CUSTOMER NUMBER
IDA000060577

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60577-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60577-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
WILTON REASSURANCE LIFE COMPANY OF NEW YORK
20 GLOVER AVENUE, 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000060704

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60704-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60704-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550-7999

CUSTOMER NUMBER
IDA000060739



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60739-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60739-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN PUBLIC LIFE INSURANCE COMPANY
P.O. BOX 925
JACKSON, MS 39205-0925

CUSTOMER NUMBER
IDA000060801

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60801-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60801-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN REPUBLIC INSURANCE COMPANY
P.O. BOX 1
DES MOINES, IA 50306-0001

CUSTOMER NUMBER
IDA000060836



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-60836-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-60836-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN UNITED LIFE INSURANCE COMPANY
P.O. BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER
IDA000060895

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60895-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60895-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CAROL M COX
COMPBENEFITS INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000060984

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-60984-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-60984-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ANTHEM LIFE INSURANCE COMPANY
3350 PEACHTREE RD NE 7TH FLOOR
ATLANTA, GA 30326

CUSTOMER NUMBER
IDA000061069

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61069-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61069-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATLANTIC COAST LIFE INSURANCE COMPANY
P.O. BOX 20010
CHARLESTON, SC 29413-0010

CUSTOMER NUMBER
IDA000061115



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61115-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AURORA NATIONAL LIFE ASSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER
IDA000061182

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61182-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61182-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

CUSTOMER NUMBER
IDA000061190

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61190-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61190-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BALTIMORE LIFE INSURANCE COMPANY, THE
10075 RED RUN BOULEVARD
P.O. BOX 1050
OWINGS MILLS, MD 21117-4871

CUSTOMER NUMBER
IDA000061212

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61212-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61212-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 105185
ATLANTA, GA 30348-5185

CUSTOMER NUMBER
IDA000061239

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61239-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61239-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS LIFE AND CASUALTY COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000061263

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61263-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61263-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392

CUSTOMER NUMBER
IDA000061271



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61271-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61271-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

GINGER VANDERLINDE
AMERITAS LIFE INSURANCE CORP.
1876 WAYCROSS ROAD
CINCINNATI, OH 45240

CUSTOMER NUMBER
IDA000061301

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61301-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61301-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000061360

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61360-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61360-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BENEFICIAL LIFE INSURANCE COMPANY
P.O. BOX 45654
SALT LAKE CITY, UT 84145-0654

CUSTOMER NUMBER
IDA000061395



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61395-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61395-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL BENEFIT LIFE INSURANCE COMPANY
ONE COURT SQUARE
LONG ISLAND CITY, NY 11120-0001

CUSTOMER NUMBER
IDA000061409

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61409-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61409-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRUSTMARK INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER
IDA000061425



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61425-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61425-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET
CANTON, MA 02021

CUSTOMER NUMBER
IDA000061476

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61476-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61476-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATHENE ANNUITY & LIFE ASSURANCE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000061492

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61492-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61492-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RESOURCE LIFE INSURANCE COMPANY
175 WEST JACKSON BOULEVARD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000061506



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61506-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61506-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CAPITOL LIFE INSURANCE COMPANY, THE
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000061581



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61581-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61581-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATHENE ANNUITY AND LIFE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000061689

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61689-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61689-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AME
P.O. BOX 30381
LANSING, MI 48909

CUSTOMER NUMBER
IDA000061700

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
CENTRAL RESERVE LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, # 100
AUSTIN, TX 78717-5964

CUSTOMER NUMBER
IDA000061727

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61727-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61727-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT
CENTRAL SECURITY LIFE INSURANCE COMPANY
2175 NORTH GLENVILLE DRIVE
RICHARDSON, TX 75082-4329

CUSTOMER NUMBER
IDA000061735

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61735-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61735-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
P.O. BOX 34350
OMAHA, NE 68134

CUSTOMER NUMBER
IDA000061751

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61751-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61751-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHESAPEAKE LIFE INSURANCE COMPANY, THE
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

CUSTOMER NUMBER
IDA000061832

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61832-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61832-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
CHRISTIAN FIDELITY LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004-1172

CUSTOMER NUMBER
IDA000061859

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61859-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61859-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CHURCH LIFE INSURANCE CORPORATION
19 EAST 34TH STREET
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000061875



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61875-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61875-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL UNITED LIFE INSURANCE COMPANY
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000061883

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61883-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61883-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CITIZENS SECURITY LIFE INSURANCE COMPANY
P.O. BOX 436149
LOUISVILLE, KY 40253-6149

CUSTOMER NUMBER
IDA000061921

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-61921-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-61921-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPAN
300 WEST 11TH STREET
KANSAS CITY, MO 64105

CUSTOMER NUMBER
IDA000061999

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-61999-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-61999-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 COLONIAL LIFE BOULEVARD
COLUMBIA, SC 29210

CUSTOMER NUMBER
IDA000062049

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62049-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62049-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

SHIRL MORTON
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK
PO BOX 21008
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000062057



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62057-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62057-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL PENN LIFE INSURANCE COMPANY
399 MARKET STREET
PHILADELPHIA, PA 19181

CUSTOMER NUMBER
IDA000062065



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62065-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62065-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER
IDA000062103

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62103-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62103-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMBINED INSURANCE COMPANY OF AMERICA
1000 NORTH MILWAUKEE AVENUE, 6TH FLOOR
GLENVIEW, IL 60025-2423

CUSTOMER NUMBER
IDA000062146

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62146-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62146-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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**ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT**

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FREMONT LIFE INSURANCE COMPANY
3070 BRISTOL STREET, SUITE 600
COSTA MESA, CA 92626

CUSTOMER NUMBER
IDA000062154



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA09-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	6/30/2008	60.00
FRA09-62154	Fraud Unit Assessment [ARS § 20-466(J)]	6/30/2008	700.00
HCA10-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	7/10/2009	200.00
FRA10-62154	Fraud Unit Assessment [ARS § 20-466(J)]	7/10/2009	700.00
FRA11-62154	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2010	700.00
HCA11-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2010	200.00
FRA12-62154	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2011	700.00
HCA12-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2011	200.00
FRA13-62154	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2012	700.00
HCA13-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2012	200.00
FRA15-62154	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA16-62154-CO	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
HCA16-62154-CO	Health Care Appeals Fund [ARS § 20-2541(2)]	7/22/2015	125.00
HCA17-62154-CO	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62154-CO	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

TOTAL ASSESSMENT AMOUNT	7,535.00
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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACCORDIA LIFE AND ANNUITY COMPANY
215 10TH STREET, SUITE 1100
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000062200

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62200-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62200-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNUM LIFE INSURANCE COMPANY OF AMERICA
2211 CONGRESS STREET
PORTLAND, ME 04122

CUSTOMER NUMBER
IDA000062235

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62235-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62235-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GOLDEN RULE INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278-1719

CUSTOMER NUMBER
IDA000062286

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62286-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62286-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONNECTICUT GENERAL LIFE INSURANCE COMPANY
1601 CHESTNUT STREET, TWO LIBERTY PLACE, TL14A
PHILADELPHIA, PA 19192-2362

CUSTOMER NUMBER
IDA000062308

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62308-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62308-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FREEDOM LIFE INSURANCE COMPANY OF AMERICA
3100 BURNETT PLAZA
801 CHERRY STREET, UNIT 33
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000062324

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62324-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62324-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBR
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000062345

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62345-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONSTITUTION LIFE INSURANCE COMPANY
1064 GREENWOOD BOULEVARD, SUITE 260
LAKE MARY, FL 32746

CUSTOMER NUMBER
IDA000062359

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62359-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62359-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

SHARON MATONIS MZ01-78-5370
CONSUMERS LIFE INSURANCE COMPANY
2060 EAST 9TH STREET
CLEVELAND, OH 44115

CUSTOMER NUMBER
IDA000062375

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62375-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62375-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTURION LIFE INSURANCE COMPANY
800 WALNUT STREET
DES MOINES, IA 50309-3636

CUSTOMER NUMBER
IDA000062383

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62383-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62383-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

DONNA TAXES - 28S
WILCAC LIFE INSURANCE COMPANY
F/K/A CONTINENTAL ASSURANCE COMPANY
20 GLOVER AVENUE, 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000062413

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62413-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62413-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EQUITRUST LIFE INSURANCE COMPANY
P.O. BOX 14500
DES MOINES, IA 50306-3500

CUSTOMER NUMBER
IDA000062510



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62510-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 2000
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER
IDA000062553



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62553-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62553-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNION FIDELITY LIFE INSURANCE COMPANY
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000062596

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62596-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62596-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CMFG LIFE INSURANCE COMPANY
P.O. BOX 391
MADISON, WI 53701

CUSTOMER NUMBER
IDA000062626

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62626-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62626-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
DELAWARE AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 1591
HOUSTON, TX 77251

CUSTOMER NUMBER
IDA000062634

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62634-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62634-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EDUCATORS LIFE INSURANCE COMPANY OF AMERICA
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000062790



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62790-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62790-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRUSTMARK LIFE INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER
IDA000062863

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62863-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62863-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AXA EQUITABLE LIFE AND ANNUITY COMPANY
525 WASHINGTON BOULEVARD, CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER
IDA000062880

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62880-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMC NATIONAL LIFE COMPANY
P.O. BOX 9202
DES MOINES, IA 50306-9202

CUSTOMER NUMBER
IDA000062928

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-62928-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-62928-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AXA EQUITABLE LIFE INSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, CONTROLLERS 12TH FL
NEW YORK, NY 10104

CUSTOMER NUMBER
IDA000062944

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62944-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62944-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY
P.O. BOX 2460
SALT LAKE CITY, UT 84110

CUSTOMER NUMBER
IDA000062952

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-62952-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-62952-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FAMILY LIFE INSURANCE COMPANY
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000063053

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-63053-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63053-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARM BUREAU LIFE INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000063088

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-63088-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63088-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FARMERS NEW WORLD LIFE INSURANCE COMPANY
3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040

CUSTOMER NUMBER
IDA000063177

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-63177-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63177-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FEDERAL LIFE INSURANCE COMPANY (MUTUAL)
3750 WEST DEERFIELD ROAD
RIVERWOODS, IL 60015

CUSTOMER NUMBER
IDA000063223

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-63223-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63223-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FEDERATED LIFE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000063258



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63258-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY & GUARANTY LIFE INSURANCE COMPANY
1001 FLEET STREET
BALTIMORE, MD 21202

CUSTOMER NUMBER
IDA000063274

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63274-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63274-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PENN TREATY NETWORK AMERICA INSURANCE COMPANY
3440 LEHIGH STREET
ALLENTOWN, PA 18103

CUSTOMER NUMBER
IDA000063282



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA11-63282	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2010	700.00
HCA11-63282	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2010	200.00
FRA12-63282	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2011	700.00
HCA12-63282	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2011	200.00
FRA13-63282	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2012	700.00
HCA13-63282	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2012	200.00
FRA14-63282	Fraud Unit Assessment [ARS § 20-466(J)]	6/28/2013	700.00
HCA14-63282	Health Care Appeals Fund [ARS § 20-2541(2)]	6/28/2013	130.00
FRA15-63282	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63282	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
HCA16-63282-RH	Health Care Appeals Fund [ARS § 20-2541(2)]	7/22/2015	125.00
FRA16-63282-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
HCA17-63282-RH	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63282-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

TOTAL ASSESSMENT AMOUNT	6,705.00
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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC
8700 WEST BRYN MAWR AVENUE, SUITE 900S
CHICAGO, IL 60631

CUSTOMER NUMBER
IDA000063290

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63290-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63290-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 5420
CINCINNATI, OH 45201-5420

CUSTOMER NUMBER
IDA000063312

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63312-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63312-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ACCENDO INSURANCE COMPANY
2211 SANDERS ROAD
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000063444

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63444-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63444-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED TEACHER ASSOCIATES INSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000063479

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63479-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63479-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000063487

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63487-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63487-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MAURICE S JANUS
FORESTERS LIFE INSURANCE AND ANNUITY COMPANY
110 WALL STREET, 4TH FLOOR
NEW YORK, NY 10005-3830

CUSTOMER NUMBER
IDA000063495

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-63495-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63495-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
GARDEN STATE LIFE INSURANCE COMPANY
2450 SOUTH SHORE BOULEVARD, SUITE 401
LEAGUE CITY, TX 77573-2997

CUSTOMER NUMBER
IDA000063657

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63657-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63657-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL AMERICAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000063665

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-63665-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63665-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDCO CONTAINMENT LIFE INSURANCE COMPANY
ONE EXPRESS WAY, MAILSTOP HQ23-08
ST. LOUIS, MO 63121

CUSTOMER NUMBER
IDA000063762

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63762-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63762-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITY FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 625700
CINCINNATI, OH 45262-5700

CUSTOMER NUMBER
IDA000063819



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63819-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPA
P.O. BOX 659567
SAN ANTONIO, TX 78265-9567

CUSTOMER NUMBER
IDA000063967

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-63967-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-63967-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777
MERIDIAN, ID 83680-7777

CUSTOMER NUMBER
IDA000063983



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-63983-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-63983-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
JEFFERSON NATIONAL LIFE INSURANCE COMPANY
10350 ORMSBY PARK PLACE
LOUISVILLE, KY 40223

CUSTOMER NUMBER
IDA000064017

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64017-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64017-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 9510
WICHITA, KS 67277

CUSTOMER NUMBER
IDA000064076

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64076-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64076-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EPIC LIFE INSURANCE COMPANY, THE
P.O. BOX 14196
MADISON, WI 53708-0196

CUSTOMER NUMBER
IDA000064149

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-64149-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-64149-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

CUSTOMER NUMBER
IDA000064211

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64211-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64211-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GUARANTY INCOME LIFE INSURANCE COMPANY
P.O. BOX 2231
BATON ROUGE, LA 70821-2231

CUSTOMER NUMBER
IDA000064238

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-64238-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-64238-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN RECANATINI
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE
7 HANOVER SQUARE H17M
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000064246

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64246-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64246-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HARLEYSVILLE LIFE INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000064327

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64327-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64327-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HI 96814

CUSTOMER NUMBER
IDA000064343

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-64343-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-64343-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
HERITAGE LIFE INSURANCE COMPANY
227 WEST MONROE STREET, SUITE 3775
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000064394

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-64394-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
HCA17-64394-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64394-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, IN
8735 HENDERSON ROAD
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000064467

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64467-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64467-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HOMESTEADERS LIFE COMPANY
P.O. BOX 1756
DES MOINES, IA 50306

CUSTOMER NUMBER
IDA000064505



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-64505-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-64505-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000064513

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64513-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64513-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ILLINOIS MUTUAL LIFE INSURANCE COMPANY
300 SOUTHWEST ADAMS STREET
PEORIA, IL 61634

CUSTOMER NUMBER
IDA000064580

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64580-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDEPENDENCE LIFE AND ANNUITY COMPANY
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000064602

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-64602-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-64602-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY
101 SOUTH TRYON, SUITE 3200
CHARLOTTE, NC 28280

CUSTOMER NUMBER
IDA000064688

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY
101 PARKLANE BOULEVARD, SUITE 301
SUGAR LAND, TX 77478

CUSTOMER NUMBER
IDA000064696

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-64696-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-64696-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

REX BORDERS
INTRAMERICA LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000064831

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64831-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64831-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

W R BERKELY COMPANY
BERKLEY LIFE AND HEALTH INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830

CUSTOMER NUMBER
IDA000064890

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-64890-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-64890-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 717
FRANKFORT, KY 40602-0717

CUSTOMER NUMBER
IDA000064904

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-64904-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-64904-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RIVERSOURCE LIFE INSURANCE COMPANY
227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

CUSTOMER NUMBER
IDA000065005

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65005-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65005-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
JACKSON NATIONAL LIFE INSURANCE COMPANY
ONE CORPORATE WAY
LANSING, MI 48951

CUSTOMER NUMBER
IDA000065056

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65056-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65056-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
JOHN ALDEN LIFE INSURANCE COMPANY
P.O. BOX 3050
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000065080

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65080-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65080-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CAROL M COX
KANAWHA INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000065110

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65110-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65110-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
KANSAS CITY LIFE INSURANCE COMPANY
3520 BROADWAY
KANSAS CITY, MO 64111

CUSTOMER NUMBER
IDA000065129



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65129-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65129-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LAFAYETTE LIFE INSURANCE COMPANY, THE
400 BROADWAY STREET
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000065242

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65242-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65242-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED BENEFIT LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000065269

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65269-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65269-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

HELEN WENTWORTH
LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
9450 SEWARD ROAD
FAIRFIELD, OH 45014

CUSTOMER NUMBER
IDA000065315

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65315-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65315-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIBERTY NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 2612
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000065331

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65331-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET, TWO LIBERTY PLACE, TL14A
PHILADELPHIA, PA 19192-2362

CUSTOMER NUMBER
IDA000065498

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65498-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65498-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFE INSURANCE COMPANY OF THE SOUTHWEST
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604

CUSTOMER NUMBER
IDA000065528

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65528-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65528-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
6604 WEST BROAD STREET
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000065536



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65536-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65536-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

REX BORDERS
LINCOLN BENEFIT LIFE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000065595

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65595-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDICO LIFE AND HEALTH INSURANCE COMPANY
P.O. BOX 14571
DES MOINES, IA 50306-3571

CUSTOMER NUMBER
IDA000065641



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65641-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65641-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE
1300 SOUTH CLINTON STREET
FORT WAYNE, IN 46802

CUSTOMER NUMBER
IDA000065676

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65676-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65676-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LOYAL AMERICAN LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000065722

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65722-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65722-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 5008
MADISON, WI 53705

CUSTOMER NUMBER
IDA000065781

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65781-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65781-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MODERN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000065811

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65811-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65811-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
P.O. BOX 111
BOSTON, MA 02117-0111

CUSTOMER NUMBER
IDA000065838

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65838-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65838-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MANHATTAN LIFE INSURANCE COMPANY, THE
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000065870

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65870-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65870-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WILCO LIFE INSURANCE COMPANY
20 GLOVER AVENUE, 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000065900

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65900-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65900-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRIMERICA LIFE INSURANCE COMPANY
1 PRIMERICA PARKWAY
DULUTH, GA 30099-0001

CUSTOMER NUMBER
IDA000065919



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65919-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65919-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LINCOLN HERITAGE LIFE INSURANCE COMPANY
4343 EAST CAMELBACK ROAD
PHOENIX, AZ 85018

CUSTOMER NUMBER
IDA000065927

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65927-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65927-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
CORP TAX DEPT E410
1295 STATE STREET
SPRINGFIELD, MA 01111-0001

CUSTOMER NUMBER
IDA000065935

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65935-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65935-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MERIT LIFE INSURANCE CO.
P.O. BOX 39
EVANSVILLE, IN 47701

CUSTOMER NUMBER
IDA000065951

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65951-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65951-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WINDSOR LIFE INSURANCE COMPANY
1345 RIVER BEND DRIVE, SUITE 100
DALLAS, TX 75247

CUSTOMER NUMBER
IDA000065960

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-65960-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-65960-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
METROPOLITAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000065978

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-65978-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-65978-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN BENEFIT LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000066001

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA12-66001	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2011	700.00
HCA12-66001	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2011	200.00
FRA17-66001-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66001-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			2,075.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDLAND NATIONAL LIFE INSURANCE COMPANY
4350 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000066044

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66044-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66044-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

CUSTOMER NUMBER
IDA000066087

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-66087-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-66087-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MIDWESTERN UNITED LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NORTHWEST
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000066109

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66109-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
WILTON REASSURANCE COMPANY
20 GLOVER AVENUE, 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000066133

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66133-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66133-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
HEALTH NET LIFE INSURANCE COMPANY
21650 OXNARD STREET, 25TH FLOOR
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000066141

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66141-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66141-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MINNESOTA LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000066168

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66168-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66168-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HEARTLAND NATIONAL LIFE INSURANCE COMPANY
1600 NORTHEAST CORONADO DRIVE
BLUE SPRINGS, MO 64014

CUSTOMER NUMBER
IDA000066214

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66214-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66214-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CUSTOMER NUMBER
IDA000066230

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66230-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MONARCH LIFE INSURANCE COMPANY
330 WHITNEY AVENUE, SUITE 500
HOLYOKE, MA 01040-2857

CUSTOMER NUMBER
IDA000066265

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-66265-RH	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-66265-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD NORTHEAST
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000066281

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-66281-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-66281-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUNICH AMERICAN REASSURANCE COMPANY
P.O. BOX 3210
ATLANTA, GA 30302-3210

CUSTOMER NUMBER
IDA000066346

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66346-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66346-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MONY LIFE INSURANCE COMPANY
5788 WIDEWATERS PARKWAY, 2ND FLOOR
SYRACUSE, NY 13214

CUSTOMER NUMBER
IDA000066370

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66370-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66370-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL TRUST LIC, A PAN-AMERICAN LIFE INS GROUP STK C
1200 JORIE BOULEVARD
OAK BROOK, IL 60523-2269

CUSTOMER NUMBER
IDA000066427

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66427-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66427-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FARMERS UNION LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000066540

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66540-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66540-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
P.O. BOX 1191
MADISON, WI 53701-1191

CUSTOMER NUMBER
IDA000066583

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-66583-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-66583-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL LIFE INSURANCE COMPANY
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604

CUSTOMER NUMBER
IDA000066680

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66680-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66680-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL WESTERN LIFE INSURANCE COMPANY
850 EAST ANDERSON LANE
AUSTIN, TX 78752-1602

CUSTOMER NUMBER
IDA000066850

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66850-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66850-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE LIFE INSURANCE COMPANY
ONE NATIONWIDE PLAZA DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000066869

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66869-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66869-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: GEORGE
NEW YORK LIFE INSURANCE COMPANY
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000066915

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66915-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66915-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURAN
4350 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000066974

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-66974-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-66974-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
411 WEST CHAPEL HILL STREET
DURHAM, NC 27701-3616

CUSTOMER NUMBER
IDA000067032

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67032-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67032-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTH COAST LIFE INSURANCE COMPANY
2211 NE LOOP 410
SAN ANTONIO, TX 78217

CUSTOMER NUMBER
IDA000067059



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67059-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67059-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MANHATTAN NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 5420
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000067083

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67083-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67083-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

CUSTOMER NUMBER
IDA000067091

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67091-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67091-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RELIASTAR LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000067105



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67105-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67105-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLIN
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000067148

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67148-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67148-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OHIO NATIONAL LIFE INSURANCE COMPANY, THE
P.O. BOX 237
CINCINNATI, OH 45201-0237

CUSTOMER NUMBER
IDA000067172



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67172-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67172-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OHIO STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000067180

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67180-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67180-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD AMERICAN INSURANCE COMPANY
3520 BROADWAY
KANSAS CITY, MO 64111-2565

CUSTOMER NUMBER
IDA000067199

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67199-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67199-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN LIFE & SECURITY CORP.
2900 SOUTH 70TH STREET, SUITE 400
LINCOLN, NE 68506

CUSTOMER NUMBER
IDA000067253

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-67253-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-67253-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67253-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC LIFE INSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000067261



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67261-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67261-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CIGNA HEALTH AND LIFE INSURANCE COMPANY
900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002

CUSTOMER NUMBER
IDA000067369

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67369-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67369-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OZARK NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 219541
KANSAS CITY, MO 64121-9541

CUSTOMER NUMBER
IDA000067393

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67393-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67393-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
UBS LIFE INSURANCE COMPANY USA
915 STATE STREET
ERIE, PA 16501

CUSTOMER NUMBER
IDA000067423

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67423-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67423-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC LIFE INSURANCE COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

CUSTOMER NUMBER
IDA000067466



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67466-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67466-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PAN-AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 60219
601 POYDRAS STREET
NEW ORLEANS, LA 70160-0219

CUSTOMER NUMBER
IDA000067539

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67539-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67539-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PAUL REVERE LIFE INSURANCE COMPANY, THE
ONE FOUNTAIN SQUARE
CHATTANOOGA, TN 37402

CUSTOMER NUMBER
IDA000067598

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67598-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67598-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNUM INSURANCE COMPANY
ONE FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER
IDA000067601



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67601-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67601-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MARK DENNING
PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER
IDA000067628

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67628-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67628-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DSM USA INSURANCE COMPANY, INC.
465 MEDFORD STREET
BOSTON, MA 02129

CUSTOMER NUMBER
IDA000067636

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67636-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67636-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PENN MUTUAL LIFE INSURANCE COMPANY, THE
FINANCIAL REPORTING, C3D
PHILADELPHIA, PA 19172

CUSTOMER NUMBER
IDA000067644

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67644-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67644-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY
1300 SOUTH CLINTON STREET
FORT WAYNE, IN 46802-3518

CUSTOMER NUMBER
IDA000067652

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67652-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67652-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PENNSYLVANIA LIFE INSURANCE COMPANY
2211 SANDERS ROAD, NBT 10
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000067660

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67660-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67660-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN REPUBLIC CORP INSURANCE COMPANY
P.O. BOX 14510
DES MOINES, IA 50306-3510

CUSTOMER NUMBER
IDA000067679

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67679-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67679-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 4884
HOUSTON, TX 77210

CUSTOMER NUMBER
IDA000067784

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67784-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67784-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHOENIX LIFE INSURANCE COMPANY
P.O. BOX 5056
ONE AMERICAN ROW
HARTFORD, CT 06102-5056

CUSTOMER NUMBER
IDA000067814

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-67814-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-67814-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PIONEER AMERICAN INSURANCE COMPANY
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000067873

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67873-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67873-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
11200 LAKELINE BOULEVARD, # 100
AUSTIN, TX 78717-5964

CUSTOMER NUMBER
IDA000067903

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67903-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67903-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC
P.O. BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER
IDA000067911

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67911-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67911-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MATTHEW F MCGUIRE
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
P.O. BOX 2730
440 MOUNT RUSHMORE ROAD
RAPID CITY, SD 57709-2730

CUSTOMER NUMBER
IDA000067989

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-67989-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-67989-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK
69 LYDECKER STREET
NYACK, NY 10960

CUSTOMER NUMBER
IDA000068039

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68039-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68039-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROFESSIONAL INSURANCE COMPANY
ONE SUN LIFE EXECUTIVE PARK, SC 3318
WELLESLEY HILLS, MA 02481-5699

CUSTOMER NUMBER
IDA000068047

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-68047-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-68047-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CARLA - ASSESSMENT
PROTECTIVE LIFE INSURANCE COMPANY
P.O. BOX 2606
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000068136

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68136-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68136-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROVIDENT AMERICAN INSURANCE COMPANY
10501 NORTH CENTRAL EXPRESSWAY, SUITE 313
DALLAS, TX 75231

CUSTOMER NUMBER
IDA000068179

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68179-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68179-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
ONE FOUNTAIN SQUARE
CHATTANOOGA, TN 37402

CUSTOMER NUMBER
IDA000068195

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68195-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68195-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000068241

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68241-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68241-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS REASSURANCE CORPORATION
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000068276

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68276-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68276-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PYRAMID LIFE INSURANCE COMPANY, THE
1064 GREENWOOD BOULEVARD, SUITE 260
LAKE MARY, FL 32746

CUSTOMER NUMBER
IDA000068284

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68284-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68284-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: PREMIUM & OTHER TAX
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
8515 EAST ORCHARD ROAD 7T2
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000068322

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68322-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68322-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RELIABLE LIFE INSURANCE COMPANY, THE
12115 LACKLAND ROAD
ST. LOUIS, MO 63146

CUSTOMER NUMBER
IDA000068357

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68357-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68357-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN W SAWULA
AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, 12TH FLOOR
NEW YORK, NY 10104

CUSTOMER NUMBER
IDA000068365

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68365-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance **EXACTLY AS FOLLOWS:**

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

NICOLE FULMORE
RELIANCE STANDARD LIFE INSURANCE COMPANY
2001 MARKET STREET, SUITE 1500
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000068381

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68381-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68381-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WMI MUTUAL INSURANCE COMPANY
P.O. BOX 572450
MURRAY, UT 84157-2450

CUSTOMER NUMBER
IDA000068420

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-68420-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-68420-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LONGEVITY INSURANCE COMPANY
600 DRESHER ROAD
HORSHAM, PA 19044

CUSTOMER NUMBER
IDA000068446

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68446-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68446-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RESERVE NATIONAL INSURANCE COMPANY
601 EAST BRITTON ROAD
OKLAHOMA CITY, OK 73114

CUSTOMER NUMBER
IDA000068462



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68462-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68462-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

AMY REIN
CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T
6604 W BROAD STREET
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000068500

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68500-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68500-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIBERTY BANKERS LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000068543

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68543-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68543-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000068594

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68594-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68594-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SYMETRA LIFE INSURANCE COMPANY
P.O. BOX 34690
SEATTLE, WA 98124-1690

CUSTOMER NUMBER
IDA000068608



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-68608-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-68608-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VANTIS LIFE INSURANCE COMPANY
200 DAY HILL ROAD
WINDSOR, CT 06095

CUSTOMER NUMBER
IDA000068632



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-68632-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-68632-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY BENEFIT LIFE INSURANCE COMPANY
ONE SECURITY BENEFIT PLACE
TOPEKA, KS 66636-0001

CUSTOMER NUMBER
IDA000068675

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68675-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68675-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY LIFE OF DENVER INSURANCE COMPANY
5780 POWERS FERRY ROAD, NORTHWEST
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000068713

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68713-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68713-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY LIFE INSURANCE COMPANY OF AMERICA
10901 RED CIRCLE DRIVE
MINNETONKA, MN 55343-9137

CUSTOMER NUMBER
IDA000068721

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68721-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68721-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
P.O. BOX 1625
BINGHAMTON, NY 13902

CUSTOMER NUMBER
IDA000068772

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68772-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68772-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENTINEL SECURITY LIFE INSURANCE COMPANY
1405 WEST 2200 SOUTH
SALT LAKE CITY, UT 84119

CUSTOMER NUMBER
IDA000068802

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68802-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68802-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY LIFE INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000068810

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-68810-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-68810-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SHENANDOAH LIFE INSURANCE COMPANY
P.O. BOX 12847
ROANOKE, VA 24029-2847

CUSTOMER NUMBER
IDA000068845



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68845-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68845-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STARMOUNT LIFE INSURANCE COMPANY
P.O. BOX 98100
BATON ROUGE, LA 70898-9100

CUSTOMER NUMBER
IDA000068985

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-68985-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-68985-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NORTHWESTERN LONG TERM CARE INSURANCE COMPANY
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

CUSTOMER NUMBER
IDA000069000

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69000-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69000-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD INSURANCE COMPANY
P.O. BOX 711
PORTLAND, OR 97207-0711

CUSTOMER NUMBER
IDA000069019



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69019-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69019-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD SECURITY LIFE INSURANCE COMPANY OF NY
485 MADISON AVENUE
NEW YORK, NY 10022-5872

CUSTOMER NUMBER
IDA000069078

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69078-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69078-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STATE FARM LIFE INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000069108



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69108-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 406
INDIANAPOLIS, IN 46206

CUSTOMER NUMBER
IDA000069116



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69116-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69116-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STATE MUTUAL INSURANCE COMPANY
P.O. BOX 153
ROME, GA 30162-0153

CUSTOMER NUMBER
IDA000069132



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69132-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69132-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
132 TURNPIKE ROAD, SUITE 210
SOUTHBOROUGH, MA 01772-0002

CUSTOMER NUMBER
IDA000069140

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69140-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69140-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUNSET LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 219532
KANSAS CITY, MO 64121-9532

CUSTOMER NUMBER
IDA000069272



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69272-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69272-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

REX BORDERS
SURETY LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000069310

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-69310-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-69310-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SURETY LIFE AND CASUALTY INSURANCE COMPANY
827 28TH STREET SOUTHWEST, UNIT C
FARGO, ND 58103

CUSTOMER NUMBER
IDA000069329

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-69329-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-69329-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY
10308 METCALF AVENUE
PMB #275
OVERLAND PARK, KS 66212-1800

CUSTOMER NUMBER
IDA000069337

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69337-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69337-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMER
730 THIRD AVENUE
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000069345

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69345-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
HCA17-69345-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TEXAS LIFE INSURANCE COMPANY
P.O. BOX 830
WACO, TX 76703

CUSTOMER NUMBER
IDA000069396

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69396-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TIME INSURANCE COMPANY
P.O. BOX 3050
501 WEST MICHIGAN STREET
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000069477

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69477-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69477-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 57220
SALT LAKE CITY, UT 84157-0220

CUSTOMER NUMBER
IDA000069485

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69485-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69485-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDAMERICA INSURANCE COMPANY
P.O. BOX 41930
ROCHESTER, NY 14604-0620

CUSTOMER NUMBER
IDA000069515



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69515-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69515-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANS WORLD ASSURANCE COMPANY
885 SOUTH EL CAMINO REAL
SAN MATEO, CA 94402

CUSTOMER NUMBER
IDA000069566

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69566-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69566-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CARMELA CAMINO
ALLIANZ LIFE AND ANNUITY COMPANY
C/O ALLIANZ LIFE & ANNUITY
PO BOX 1344
MINNEAPOLIS, MN 55440-1344

CUSTOMER NUMBER
IDA000069604



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69604-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CATAMARAN INSURANCE OF OHIO, INC.
1600 MCCONNOR PARKWAY
ATTN: LEGAL DEPARTMENT
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000069647

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69647-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69647-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA LIFE INSURANCE COMPANY
9800 FREDERICKSBURG ROAD, C-3-W
SAN ANTONIO, TX 78288-3051

CUSTOMER NUMBER
IDA000069663

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69663-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69663-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
P.O. BOX 4884
HOUSTON, TX 77210-4884

CUSTOMER NUMBER
IDA000069698

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69698-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69698-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNION LABOR LIFE INSURANCE COMPANY, THE
1625 EYE STREET, NORTHWEST
WASHINGTON, DC 20006

CUSTOMER NUMBER
IDA000069744

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69744-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69744-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000069868

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69868-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69868-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FARM FAMILY LIFE INSURANCE COMPANY
P.O. BOX 1250
INDIANAPOLIS, IN 46206-1250

CUSTOMER NUMBER
IDA000069892

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69892-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69892-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED HOME LIFE INSURANCE COMPANY
P.O. BOX 7192
INDIANAPOLIS, IN 46207-7192

CUSTOMER NUMBER
IDA000069922

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-69922-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-69922-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED INSURANCE COMPANY OF AMERICA
12115 LACKLAND ROAD
ST. LOUIS, MO 63146

CUSTOMER NUMBER
IDA000069930

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69930-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69930-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED LIFE INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000069973

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-69973-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-69973-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH LIFE INSURANCE COMPANY
6604 WEST BROAD STREET
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000070025



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70025-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70025-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE
P.O.BOX 1591, 3DI
HOUSTON, TX 77251

CUSTOMER NUMBER
IDA000070106

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70106-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
HCA17-70106-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
13931 QUAIL POINTE DRIVE
OKLAHOMA CITY, OK 73134

CUSTOMER NUMBER
IDA000070122

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70122-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70122-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
P.O. BOX 5147
SPRINGFIELD, IL 62705

CUSTOMER NUMBER
IDA000070130

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70130-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY
7045 COLLEGE BOULEVARD
OVERLAND PARK, KS 66211

CUSTOMER NUMBER
IDA000070173

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70173-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70173-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
2929 ALLEN PARKWAY, A6-20
HOUSTON, TX 77019-7100

CUSTOMER NUMBER
IDA000070238

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70238-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WASHINGTON NATIONAL INSURANCE COMPANY
11825 NORTH PENNSYLVANIA STREET
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000070319

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70319-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70319-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CARLA TAVEL 1-3 CA
WEST COAST LIFE INSURANCE COMPANY
ATTN: CARLA TAVEL 1-3 CA
P. O. BOX 2606
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000070335

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70335-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70335-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNION SECURITY INSURANCE COMPANY
P.O. BOX 419052
KANSAS CITY, MO 64141-6052

CUSTOMER NUMBER
IDA000070408



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70408-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70408-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
MML BAY STATE LIFE INSURANCE COMPANY
CORP TAX E382
1295 STATE STREET
SPRINGFIELD, MA 01111-0001

CUSTOMER NUMBER
IDA000070416

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70416-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70416-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAVINGS BANK LIFE INSURANCE COMPANY OF MA., THE
ONE LINSOTT ROAD
WOBURN, MA 01801

CUSTOMER NUMBER
IDA000070435

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70435-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000070483

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70483-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70483-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HUMANADENTAL INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000070580



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70580-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70580-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE C
300 EAST RANDOLPH STREET
CHICAGO, IL 60601-5099

CUSTOMER NUMBER
IDA000070670

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70670-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70670-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
440 MAMARONECK AVENUE
HARRISON, NY 10528

CUSTOMER NUMBER
IDA000070688



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FAMILY BENEFIT LIFE INSURANCE COMPANY
P.O. BOX 665
JEFFERSON CITY, MO 65102

CUSTOMER NUMBER
IDA000070742



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70742-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

DELAINÉ BERKEL
PACIFICARE LIFE AND HEALTH INSURANCE COMPANY
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CA 90630

CUSTOMER NUMBER
IDA000070785

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70785-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70785-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000070815

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70815-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70815-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
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
FRA17-70866-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE
WHITE PLAINS, NY 10605

CUSTOMER NUMBER
IDA000070939

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-70939-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-70939-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSI
7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105

CUSTOMER NUMBER
IDA000071013

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71013-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71013-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PARKER CENTENNIAL ASSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000071099

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71099-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71099-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DEARBORN NATIONAL LIFE INSURANCE COMPANY
1020 WEST 31ST STREET
DOWNERS GROVE, IL 60515-5591

CUSTOMER NUMBER
IDA000071129

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71129-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71129-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HARTFORD LIFE AND ANNUITY INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000071153

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-71153-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-71153-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392

CUSTOMER NUMBER
IDA000071161



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71161-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71161-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ZALE LIFE INSURANCE COMPANY
901 WEST WALNUT HILL LANE
IRVING, TX 75038-1003

CUSTOMER NUMBER
IDA000071323

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71323-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-71323-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
HCA17-71323-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CAREAMERICA LIFE INSURANCE COMPANY
50 BEALE STREET
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA000071331

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71331-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71331-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PURITAN LIFE INSURANCE COMPANY OF AMERICA
1720 WEST RIO SALADO PARKWAY, SUITE A
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000071390

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-71390-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-71390-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
CONTINENTAL GENERAL INSURANCE COMPANY
6201 JOHNSON DRIVE
MISSION, KS 66202

CUSTOMER NUMBER
IDA000071404

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-71404-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-71404-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000071412

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71412-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71412-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
P.O. BOX 36451
LAS VEGAS, NV 89133-6451

CUSTOMER NUMBER
IDA000071420

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71420-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71420-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ASSURITY LIFE INSURANCE COMPANY
P.O. BOX 82533
LINCOLN, NE 68501-2533

CUSTOMER NUMBER
IDA000071439

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71439-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71439-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 77-0250
MIAMI, FL 33177-0250

CUSTOMER NUMBER
IDA000071455

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71455-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71455-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CICA LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 149151
400 EAST ANDERSON LANE
AUSTIN, TX 78714-9151

CUSTOMER NUMBER
IDA000071463

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-71463-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-71463-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ABILITY INSURANCE COMPANY
P.O. BOX 3735
OMAHA, NE 68103

CUSTOMER NUMBER
IDA000071471

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71471-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71471-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT WESTERN INSURANCE COMPANY
P.O. BOX 3428
OGDEN, UT 84409-1428

CUSTOMER NUMBER
IDA000071480

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71480-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LEWER LIFE INSURANCE COMPANY
4534 WORNALL ROAD
KANSAS CITY, MO 64111

CUSTOMER NUMBER
IDA000071595



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71595-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN RECANATINI
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
7 HANOVER SQUARE H17M
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000071714

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71714-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71714-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CONTINENTAL AMERICAN INSURANCE COMPANY
P.O. BOX 427
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000071730

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71730-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71730-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HM HEALTH INSURANCE COMPANY
120 FIFTH AVENUE
PITTSBURGH, PA 15222

CUSTOMER NUMBER
IDA000071768

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71768-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71768-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
ONE MOODY PLAZA
GALVESTON, TX 77550-7999

CUSTOMER NUMBER
IDA000071773

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71773-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71773-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AAA LIFE INSURANCE COMPANY
17900 NORTH LAUREL PARK DRIVE
LIVONIA, MI 48152-3985

CUSTOMER NUMBER
IDA000071854

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71854-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71854-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY SECURITY LIFE INSURANCE COMPANY
3130 BROADWAY
KANSAS CITY, MO 64111

CUSTOMER NUMBER
IDA000071870

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71870-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71870-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
BANKERS FIDELITY ASSURANCE COMPANY
4370 PEACHTREE ROAD, NE
ATLANTA, GA 30319

CUSTOMER NUMBER
IDA000071919



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-71919-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-71919-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

STEVEN BOLTON
AETNA HEALTH INSURANCE COMPANY
980 JOLLY ROAD, U11S
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000072052

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-72052-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-72052-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131

CUSTOMER NUMBER
IDA000072125



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-72125-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-72125-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMICA LIFE INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER
IDA000072222

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-72222-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED WORLD LIFE INSURANCE COMPANY
3316 FARNAM STREET
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000072850

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-72850-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-72850-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CANYON STATE LIFE INSURANCE COMPANY
312 EAST ALVARADO ROAD
PHOENIX, AZ 85004

CUSTOMER NUMBER
IDA000072958



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-72958-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-72958-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-72958-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HUMANA INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000073288

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-73288-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-73288-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DENTEGRA INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA 17055

CUSTOMER NUMBER
IDA000073474

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-73474-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-73474-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERATION LIFE INSURANCE COMPANY
24 WEST CAMELBACK ROAD, SUITE A546
C/O KELLY STEPHENS
PHOENIX, AZ 85013

CUSTOMER NUMBER
IDA000073504

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-73504-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-73504-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-73504-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN RECANATINI
FAMILY SERVICE LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000074004

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-74004-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EVERENCE INSURANCE COMPANY
P.O. BOX 483
GOSHEN, IN 46527

CUSTOMER NUMBER
IDA000074209

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-74209-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-74209-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INTEGRITY LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000074780



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-74780-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-74780-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AURIGEN REINSURANCE COMPANY OF AMERICA
TWO BRIDGE AVENUE, SUITE 111
RED BANK, NJ 07701

CUSTOMER NUMBER
IDA000074900

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-74900-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-74900-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OLD UNITED LIFE INSURANCE COMPANY
P.O. BOX 795
SHAWNEE MISSION, KS 66201

CUSTOMER NUMBER
IDA000076007



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-76007-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
FRA17-76007-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-76007-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIAN LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER
IDA000076023

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-76023-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-76023-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OXFORD LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE, COMPLIANCE 7TH FLOOR
PHOENIX, AZ 85004

CUSTOMER NUMBER
IDA000076112



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-76112-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-76112-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-76112-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CINCINNATI LIFE INSURANCE COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH 45250-5496

CUSTOMER NUMBER
IDA000076236



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-76236-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-76236-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
550 CONGRESSIONAL BOULEVARD, SUITE 200
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000076325

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-76325-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-76325-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LONDON LIFE REINSURANCE COMPANY
1787 SENTRY PARKWAY WEST, SUITE 420
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000076694

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-76694-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-76694-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
SENIOR AMERICAN LIFE INSURANCE COMPANY
165 VETERANS WAY STE 300
WARMINSTER, PA 18974

CUSTOMER NUMBER
IDA000076759

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-76759-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-76759-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN RECANATINI
SENTINEL AMERICAN LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000077119

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-77119-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-77119-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STERLING LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000077399

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-77399-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-77399-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
TOWN & COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 58769
SALT LAKE CITY, UT 84158-0769

CUSTOMER NUMBER
IDA000077674

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-77674-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-77674-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANS-CITY LIFE INSURANCE CO.
7500 EAST MCDONALD DRIVE, SUITE 700
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER
IDA000077690

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-77690-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-77690-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-77690-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFESecure INSURANCE COMPANY
10559 CITATION DRIVE, SUITE 300
BRIGHTON, MI 48116

CUSTOMER NUMBER
IDA000077720

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-77720-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-77720-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMPANION LIFE INSURANCE COMPANY
P.O. BOX 100102
COLUMBIA, SC 29202-3102

CUSTOMER NUMBER
IDA000077828

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-77828-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-77828-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
5 STAR LIFE INSURANCE COMPANY
909 NORTH WASHINGTON STREET
ALEXANDRIA, VA 22314

CUSTOMER NUMBER
IDA000077879

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-77879-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-77879-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 470608
CLEVELAND, OH 44147-0608

CUSTOMER NUMBER
IDA000077968

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-77968-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-77968-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MONY LIFE INSURANCE COMPANY OF AMERICA
525 WASHINGTON BOULEVARD, CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER
IDA000078077

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-78077-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
FRA17-78077-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-78077-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL ASSURANCE LIFE INSURANCE COMPANY
300 WEST 11TH STREET
KANSAS CITY, MO 64105

CUSTOMER NUMBER
IDA000078093

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-78093-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CORVESTA LIFE INSURANCE COMPANY
4818 STARKEY ROAD
ROANOKE, VA 24018-8542

CUSTOMER NUMBER
IDA000078301



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-78301-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-78301-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-78301-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HCSC INSURANCE SERVICES COMPANY
300 EAST RANDOLPH STREET
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000078611



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-78611-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-78611-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SENIOR LIFE INSURANCE COMPANY
P.O. BOX 2447
THOMASVILLE, GA 31799-2447

CUSTOMER NUMBER
IDA000078662



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-78662-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-78662-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AETNA HEALTH AND LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RW4A
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000078700

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-78700-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-78700-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW ERA LIFE INSURANCE COMPANY
P.O. BOX 4884
HOUSTON, TX 77210-4884

CUSTOMER NUMBER
IDA000078743

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-78743-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-78743-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

JOHN RECANATINI
GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
7 HANOVER SQUARE H17M
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000078778

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-78778-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-78778-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SAFEHEALTH LIFE INSURANCE COMPANY
5 PARK PLAZA, SUITE 1850
IRVINE, CA 92614

CUSTOMER NUMBER
IDA000079014

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-79014-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-79014-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD NORTHEAST
CEDAR RAPIDS, IA 52499-3210

CUSTOMER NUMBER
IDA000079022

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-79022-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-79022-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SOUTHLAND NATIONAL INSURANCE CORPORATION
P.O. BOX 1520
TUSCALOOSA, AL 35403

CUSTOMER NUMBER
IDA000079057

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-79057-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-79057-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DELAWARE LIFE INSURANCE COMPANY
1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA 02451

CUSTOMER NUMBER
IDA000079065

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-79065-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-79065-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRUCO LIFE INSURANCE COMPANY
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000079227

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-79227-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-79227-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
HCA17-79227-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CLAIRE GONZALES
UNITEDHEALTHCARE INSURANCE COMPANY
48 MONROE TURNPIKE
TRUMBULL, CT 06611

CUSTOMER NUMBER
IDA000079413

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-79413-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-79413-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDICO CORP LIFE INSURANCE COMPANY
P.O. BOX 10482
DES MOINES, IA 50306

CUSTOMER NUMBER
IDA000079987

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-79987-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-79987-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MOUNTAIN LIFE INSURANCE COMPANY
P.O. BOX 240
ALCOA, TN 37701-0240

CUSTOMER NUMBER
IDA000080020

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-80020-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-80020-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SMART INSURANCE COMPANY
P.O. BOX 535966
GRAND PRAIRIE, TX 75053-5966

CUSTOMER NUMBER
IDA000080055



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80055-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-80055-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
HCA17-80055-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNICARE LIFE & HEALTH INSURANCE COMPANY
233 SOUTH WACKER DRIVE, SUITE 3900
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000080314

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80314-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80314-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131

CUSTOMER NUMBER
IDA000080578

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80578-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80578-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

PREMIUM TAX & OTHER ASSESSMENTS
CANADA LIFE ASSURANCE COMPANY, THE
8515 E ORCHARD RD 7T2
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000080659

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80659-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80659-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

PREMIUM TAX & OTHER ASSESSMENTS
GREAT-WEST LIFE ASSURANCE COMPANY
8515 EAST ORCHARD RD # 7T2
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000080705

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80705-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CELTIC INSURANCE COMPANY
77 WEST WACKER DRIVE, SUITE 1200
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000080799

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-80799-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-80799-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUN LIFE ASSURANCE COMPANY OF CANADA
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000080802

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80802-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80802-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CENTRE LIFE INSURANCE COMPANY
ONE LIBERTY PLAZA
165 BROADWAY, 33RD FLOOR
NEW YORK, NY 10006-1466

CUSTOMER NUMBER
IDA000080896

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80896-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80896-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000080926

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80926-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80926-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VOYA INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NORTHWEST
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000080942

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80942-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80942-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
4 EVER LIFE INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181-4712

CUSTOMER NUMBER
IDA000080985

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-80985-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-80985-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS LIFE INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL 33733-5707

CUSTOMER NUMBER
IDA000081043



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81043-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81043-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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**ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT**

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NETWORK INSURANCE COMPANY
3440 LEHIGH STREET
ALLENTOWN, PA 18103-7001

CUSTOMER NUMBER
IDA000081078



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA11-81078	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2010	200.00
FRA11-81078	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2010	700.00
FRA12-81078	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2011	700.00
HCA12-81078	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2011	200.00
FRA13-81078	Fraud Unit Assessment [ARS § 20-466(J)]	6/29/2012	700.00
HCA13-81078	Health Care Appeals Fund [ARS § 20-2541(2)]	6/29/2012	200.00
HCA14-81078	Health Care Appeals Fund [ARS § 20-2541(2)]	6/28/2013	130.00
FRA14-81078	Fraud Unit Assessment [ARS § 20-466(J)]	6/28/2013	700.00
FRA15-81078	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81078	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
HCA16-81078-RH	Health Care Appeals Fund [ARS § 20-2541(2)]	7/22/2015	125.00
FRA16-81078-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/22/2015	1,050.00
FRA17-81078-RH	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81078-RH	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

TOTAL ASSESSMENT AMOUNT	6,705.00
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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED SECURITY HEALTH AND CASUALTY INSURANCE COMP
6640 SOUTH CICERO AVENUE
BEDFORD PARK, IL 60638

CUSTOMER NUMBER
IDA000081108

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81108-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81108-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFE OF AMERICA INSURANCE COMPANY
P.O. BOX 2927
HOUSTON, TX 77252-2927

CUSTOMER NUMBER
IDA000081132

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81132-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81132-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MATURITY LIFE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000081213



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81213-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81213-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NIPPON LIFE INSURANCE COMPANY OF AMERICA
655 THIRD AVENUE, 16TH FLOOR
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000081264

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-81264-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-81264-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENTS
NYLIFE INSURANCE COMPANY OF ARIZONA
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000081353

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81353-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81353-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-81353-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	3,600.00
TOTAL ASSESSMENT AMOUNT			4,775.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DELTA DENTAL INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA 17055

CUSTOMER NUMBER
IDA000081396

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81396-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81396-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MEDICAL AND LIFE INSURANCE COMPANY
14 WALL STREET, SUITE 5H
NEW YORK, NY 10005

CUSTOMER NUMBER
IDA000081418

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81418-SU	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81418-SU	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY
70 GENESEE STREET
UTICA, NY 13502

CUSTOMER NUMBER
IDA000081426

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-81426-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-81426-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MONITOR LIFE INSURANCE COMPANY OF NEW YORK
70 GENESEE STREET
UTICA, NY 13502

CUSTOMER NUMBER
IDA000081442

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81442-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81442-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDEN
P.O. BOX 30685
EDMOND, OK 73003

CUSTOMER NUMBER
IDA000081779

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81779-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81779-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COVENTRY HEALTH AND LIFE INSURANCE COMPANY
6720-B ROCKLEDGE DRIVE, SUITE 700
BETHESDA, MD 20817

CUSTOMER NUMBER
IDA000081973

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-81973-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-81973-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CITIZENS NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 149151
AUSTIN, TX 78714-9151

CUSTOMER NUMBER
IDA000082082

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-82082-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-82082-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LANDMARK LIFE INSURANCE COMPANY
P.O. BOX 40
BROWNWOOD, TX 76804-0040

CUSTOMER NUMBER
IDA000082252



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-82252-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALL SAVERS INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278-1719

CUSTOMER NUMBER
IDA000082406

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-82406-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-82406-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL HEALTH INSURANCE COMPANY
P.O. BOX 619999
DALLAS, TX 75261

CUSTOMER NUMBER
IDA000082538



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-82538-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-82538-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SWISS RE LIFE & HEALTH AMERICA INC.
175 KING STREET
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000082627

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-82627-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-82627-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CSI LIFE INSURANCE COMPANY
P.O. BOX 34888
1212 NORTH 96TH STREET
OMAHA, NE 68134-0888

CUSTOMER NUMBER
IDA000082880

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-82880-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-82880-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TEXAS SERVICE LIFE INSURANCE COMPANY
P.O. BOX 341899
AUSTIN, TX 78734

CUSTOMER NUMBER
IDA000083160

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-83160-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EVERGREEN LIFE INSURANCE COMPANY
700 EAST PALISADE AVENUE, 2ND FLOOR
ENGLEWOOD CLIFFS, NJ 07632

CUSTOMER NUMBER
IDA000083232

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-83232-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
P.O. BOX 31391
TAMPA, FL 33631-3391

CUSTOMER NUMBER
IDA000083445

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-83445-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	3,600.00
HCA17-83445-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-83445-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			4,775.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

You may wish to refold this assessment to cause the address shown at the left to appear in the window of a #10 window envelope. Be sure to enclose your payment with the original of this assessment notice.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GUGGENHEIM LIFE AND ANNUITY COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

CUSTOMER NUMBER
IDA000083607

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-83607-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-83607-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ELCO MUTUAL LIFE AND ANNUITY
916 SHERWOOD DRIVE
LAKE BLUFF, IL 60044-2285

CUSTOMER NUMBER
IDA000084174

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-84174-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-84174-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

DELAINE BERKEL
PACIFICARE LIFE ASSURANCE COMPANY
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CA 90630

CUSTOMER NUMBER
IDA000084506

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-84506-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-84506-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AUTO CLUB LIFE INSURANCE COMPANY
17250 NEWBURGH ROAD, SUITE 100
LIVONIA, MI 48152

CUSTOMER NUMBER
IDA000084522

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-84522-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-84522-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
U.S. FINANCIAL LIFE INSURANCE COMPANY
525 WASHINGTON BOULEVARD - CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER
IDA000084530

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-84530-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CONSOLIDATED ASSESSMENT
SYMPHONIX HEALTH INSURANCE, INC.
ONE AMERICAN ROAD, MD 7600
DEARBORN, MI 48126

CUSTOMER NUMBER
IDA000084549



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-84549-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-84549-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SPECIALTY HEALTH INSURANCE COMPANY
10221 WATERIDGE CIRCLE
SAN DIEGO, CA 92121

CUSTOMER NUMBER
IDA000084697

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-84697-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-84697-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLORADO BANKERS LIFE INSURANCE COMPANY
5990 GREENWOOD PLAZA BOULEVARD, #325
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000084786

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-84786-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-84786-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
132 TURNPIKE ROAD, SUITE 210
SOUTHBOROUGH, MA 01772

CUSTOMER NUMBER
IDA000084824

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-84824-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-84824-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN UNITED LIFE ASSURANCE COMPANY
929 WEST SPRAGUE AVENUE
SPOKANE, WA 99210

CUSTOMER NUMBER
IDA000085189

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-85189-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-85189-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MIKE SPEEDY
FRESENIUS HEALTH PLANS INSURANCE COMPANY
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000085286

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-85286-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-85286-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL SECURITY LIFE AND ANNUITY COMPANY
P.O. BOX 5363
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000085472

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-85472-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MAPFRE LIFE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570

CUSTOMER NUMBER
IDA000085561

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-85561-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-85561-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED CONCORDIA INSURANCE COMPANY
4401 DEER PATH ROAD, DPLR4
HARRISBURG, PA 17110

CUSTOMER NUMBER
IDA000085766

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-85766-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-85766-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
HCA17-85766-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS GROWTH LIFE INSURANCE COMPANY
24 WEST CAMELBACK ROAD, SUITE A546
C/O KELLY STEPHENS
PHOENIX, AZ 85013

CUSTOMER NUMBER
IDA000085944

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-85944-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-85944-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-85944-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEMBERS LIFE INSURANCE COMPANY
P.O. BOX 391
MADISON, WI 53701-0391

CUSTOMER NUMBER
IDA000086126



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-86126-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-86126-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAMERICA LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD, NORTHEAST
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000086231

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-86231-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-86231-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL RE LIFE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000086258

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-86258-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-86258-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550

CUSTOMER NUMBER
IDA000086355

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-86355-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-86355-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ULLICO LIFE INSURANCE COMPANY
1625 EYE STREET,NW,
WASHINGTON, DC 20006

CUSTOMER NUMBER
IDA000086371

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-86371-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-86371-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000086509

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-86509-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-86509-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

SUSAN BREGMAN
PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION
C/O PRUDENTIAL INS CO OF AMERICA
751 BROAD STREET
NEWARK, NJ 07102

CUSTOMER NUMBER
IDA000086630

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-86630-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
FRA17-86630-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-86630-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE
101 SOUTH TRYON STREET, SUITE 3100
CHARLOTTE, NC 28280

CUSTOMER NUMBER
IDA000087017

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-87017-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-87017-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY
13421 MANCHESTER ROAD, SUITE 204
SAINT LOUIS, MO 63131-1741

CUSTOMER NUMBER
IDA000087394

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-87394-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-87394-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-87394-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

MARGARET ANN MCCONNELL
SCOTTISH RE (U.S.), INC.
14120 BALLANTYNE CORPORATE PLACE, SUITE 300
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000087572

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-87572-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-87572-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000087645

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-87645-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-87645-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
METLIFE INSURANCE COMPANY USA
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000087726

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-87726-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-87726-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPAN
P.O. BOX 802207
DALLAS, TX 75380

CUSTOMER NUMBER
IDA000087963

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-87963-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-87963-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HARTFORD LIFE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000088072

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-88072-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-88072-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
XL LIFE INSURANCE AND ANNUITY COMPANY
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000088080

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-88080-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-88080-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OPTIMUM RE INSURANCE COMPANY
P.O. BOX 660010
DALLAS, TX 75266-0110

CUSTOMER NUMBER
IDA000088099



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-88099-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-88099-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2543
FORT WORTH, TX 76113

CUSTOMER NUMBER
IDA000088153

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-88153-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-88153-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN RETIREMENT LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000088366

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-88366-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-88366-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
P.O. BOX 2606
2801 HIGHWAY 280 SOUTH
BIRMINGHAM, AL 35223

CUSTOMER NUMBER
IDA000088536

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-88536-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-88536-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
EMPHEYS INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000088595

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-88595-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-88595-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
320 PARK AVENUE
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000088668



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-88668-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-88668-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ENTERPRISE LIFE INSURANCE COMPANY
3100 BURNETT PLAZA, 801 CHERRY STREET, UNIT 33
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000089087

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-89087-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-89087-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
STERLING INVESTORS LIFE INSURANCE COMPANY
5085 WEST PARK BOULEVARD, SUITE 700
PLANO, TX 75093

CUSTOMER NUMBER
IDA000089184

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-89184-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-89184-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
OHIO NATIONAL LIFE ASSURANCE CORPORATION
P.O. BOX 237
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000089206

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-89206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-89206-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN LABOR LIFE INSURANCE COMPANY
24 WEST CAMELBACK ROAD, SUITE A546
C/O KELLY STEPHENS
PHOENIX, AZ 85013

CUSTOMER NUMBER
IDA000089427

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-89427-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
HCA17-89427-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-89427-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SHELTERPOINT INSURANCE COMPANY
600 NORTHERN BOULEVARD, SUITE 310
GREAT NECK, NY 11021

CUSTOMER NUMBER
IDA000089958

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-89958-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-89958-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GREAT SOUTHERN LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000090212



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-90212-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-90212-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHARMACISTS LIFE INSURANCE COMPANY, THE
P.O. BOX 370
ALGONA, IA 50511

CUSTOMER NUMBER
IDA000090247

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-90247-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
3200 HIGHLAND AVENUE
DOWNERS GROVE, IL 60515

CUSTOMER NUMBER
IDA000090328



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-90328-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-90328-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ZURICH AMERICAN LIFE INSURANCE COMPANY
ONE LIBERTY PLAZA AT 165 BROADWAY
NEW YORK, NY 10006-1404

CUSTOMER NUMBER
IDA000090557

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-90557-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-90557-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SYMETRA NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 34690
SEATTLE, WA 98124-1690

CUSTOMER NUMBER
IDA000090581

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-90581-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-90581-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

CARMELA CAMINO
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 1344
MINNEAPOLIS, MN 55440-1344

CUSTOMER NUMBER
IDA000090611

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-90611-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-90611-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
BEST LIFE AND HEALTH INSURANCE COMPANY
17701 MITCHELL NORTH
IRVINE, CA 92614

CUSTOMER NUMBER
IDA000090638

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-90638-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-90638-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER
OKLAHOMA CITY, OK 73184

CUSTOMER NUMBER
IDA000091472

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-91472-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-91472-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNIMERICA INSURANCE COMPANY
6300 OLSON MEMORIAL HIGHWAY, MN010-E151
GOLDEN VALLEY, MN 55427-4946

CUSTOMER NUMBER
IDA000091529

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-91529-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-91529-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: GEORGE
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000091596

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-91596-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-91596-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NEW ENGLAND LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000091626

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-91626-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-91626-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FORETHOUGHT LIFE INSURANCE COMPANY
300 NORTH MERIDIAN STREET, SUITE 1800
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000091642

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-91642-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-91642-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
IA AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000091693

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-91693-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-91693-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY
ONE AMERICAN ROW
P.O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER
IDA000091785

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-91785-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-91785-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFECARE ASSURANCE COMPANY
21600 OXNARD STREET, SUITE 1500
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000091898

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-91898-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-91898-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-91898-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SAVINGS LIFE INSURANCE COMPANY
935 EAST MAIN STREET, SUITE 100
MESA, AZ 85203-8849

CUSTOMER NUMBER
IDA000091910

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-91910-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-91910-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
HCA17-91910-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LANDCAR LIFE INSURANCE COMPANY
9350 SOUTH 150 EAST, SUITE 1000
SANDY, UT 84070

CUSTOMER NUMBER
IDA000092274

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92274-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92274-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DOCTORS' LIFE INSURANCE COMPANY, THE
P.O. BOX 2900
185 GREENWOOD ROAD
NAPA, CA 94558-0900

CUSTOMER NUMBER
IDA000092444

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92444-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92444-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
TRUASSURE INSURANCE COMPANY
111 SHUMAN BOULEVARD
NAPERVILLE, IL 60563

CUSTOMER NUMBER
IDA000092525

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92525-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92525-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000092622

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92622-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92622-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
24 WEST CAMELBACK ROAD, SUITE A546
C/O KELLY STEPHENS
PHOENIX, AZ 85013

CUSTOMER NUMBER
IDA000092649

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92649-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92649-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-92649-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE NATIONWIDE PLAZA DSPF-76
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000092657

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92657-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92657-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

CUSTOMER NUMBER
IDA000092703

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-92703-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-92703-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HCC LIFE INSURANCE COMPANY
225 TOWNPARK DRIVE, NORTHWEST SUITE 350
KENNESAW, GA 30144-5885

CUSTOMER NUMBER
IDA000092711

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92711-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92711-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
P.O. BOX 71216
DES MOINES, IA 50325-1216

CUSTOMER NUMBER
IDA000092738

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92738-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HEALTHMARKETS INSURANCE COMPANY
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

CUSTOMER NUMBER
IDA000092908

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-92908-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-92908-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080
3700 SOUTH STONEBRIDGE DRIVE
MCKINNEY, TX 75070

CUSTOMER NUMBER
IDA000092916

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-92916-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-92916-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PENN INSURANCE AND ANNUITY COMPANY, THE
600 DRESHER ROAD
HORSHAM, PA 19044

CUSTOMER NUMBER
IDA000093262

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93262-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93262-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT
C.M. LIFE INSURANCE COMPANY
CORP TAX E382
1295 STATE STREET
SPRINGFIELD, MA 01111-0001

CUSTOMER NUMBER
IDA000093432

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93432-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93432-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HM LIFE INSURANCE COMPANY
P.O. BOX 535061
PITTSBURGH, PA 15253-5061

CUSTOMER NUMBER
IDA000093440

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-93440-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-93440-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PAN-AMERICAN ASSURANCE COMPANY
P.O. BOX 53372
NEW ORLEANS, LA 70153

CUSTOMER NUMBER
IDA000093459

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93459-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93459-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL FIDELITY LIFE INSURANCE COMPANY
150 NORTH COLLEGE STREET, NC1-028-20-01
CHARLOTTE, NC 28255

CUSTOMER NUMBER
IDA000093521

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-93521-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-93521-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHL VARIABLE INSURANCE COMPANY
ONE AMERICAN ROW
P.O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER
IDA000093548

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93548-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93548-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
RGA REINSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER
IDA000093572

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93572-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93572-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ROSALIE M NEARIS
JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
Z-13-041
601 CONGRESS STREET
BOSTON, MA 02210

CUSTOMER NUMBER
IDA000093610

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-93610-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-93610-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPA
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000093629

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93629-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93629-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ANNUITY INVESTORS LIFE INSURANCE COMPANY
P.O. BOX 5423
CINCINNATI, OH 45201-5423

CUSTOMER NUMBER
IDA000093661

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93661-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93661-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
QCC INSURANCE COMPANY
1901 MARKET STREET, 36TH FLOOR
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000093688

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93688-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93688-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY
100 SALEM STREET, MAIL STOP O2N
SMITHFIELD, RI 02917

CUSTOMER NUMBER
IDA000093696

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93696-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93696-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PHOENIX LIFE AND ANNUITY COMPANY
ONE AMERICAN ROW
P.O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER
IDA000093734

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-93734-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-93734-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before **July 29, 2016**.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURIAN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000093742

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93742-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93742-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN
180 MOUNT AIRY ROAD, SUITE 101
BASKING RIDGE, NJ 07920

CUSTOMER NUMBER
IDA000093777

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-93777-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-93777-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC CENTURY LIFE INSURANCE CORPORATION
2700 NORTH THIRD STREET, SUITE 3050
PHOENIX, AZ 85004-4620

CUSTOMER NUMBER
IDA000093815

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-93815-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FSF17-93815-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
FRA17-93815-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SECURITAS FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 17082
WINSTON-SALEM, NC 27116-7082

CUSTOMER NUMBER
IDA000094072

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-94072-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-94072-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFEWISE ASSURANCE COMPANY
P.O. BOX 2272
SEATTLE, WA 98111-2272

CUSTOMER NUMBER
IDA000094188



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-94188-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-94188-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY INVESTORS LIFE ASSURANCE COMPANY
P.O. BOX 2000
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER
IDA000094218

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-94218-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-94218-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CUSTOMER NUMBER
IDA000094250



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-94250-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-94250-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
USABLE LIFE
P.O. BOX 1650
LITTLE ROCK, AR 72203-1650

CUSTOMER NUMBER
IDA000094358



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-94358-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-94358-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
STATE FARM HEALTH INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000094498

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-94498-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-94498-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEMBERS HEALTH INSURANCE COMPANY
24 WEST CAMELBACK ROAD, SUITE A546
C/O KELLY STEPHENS
PHOENIX, AZ 85013

CUSTOMER NUMBER
IDA000094587

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-94587-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-94587-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-94587-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	600.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
AETNA HEALTH INC.
980 JOLLY ROAD, U11S
BLUE BELL, PA 19422-1904

CUSTOMER NUMBER
IDA000095109

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-95109-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-95109-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
CIGNA HEALTHCARE OF ARIZONA, INC.
25500 NORTH NORTERRA DRIVE
PHOENIX, AZ 85085-8200

CUSTOMER NUMBER
IDA000095125



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-95125-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-95125-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
HCA17-95125-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
HEALTH NET OF ARIZONA, INC.
1230 WEST WASHINGTON STREET, SUITE 401
TEMPE, AZ 85281-1245

CUSTOMER NUMBER
IDA000095206



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-95206-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
HCA17-95206-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-95206-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PREMIER CHOICE DENTAL, INC.
P.O. BOX #14227
ORANGE, CA 92863

CUSTOMER NUMBER
IDA000095224



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-95224-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
HCA17-95224-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-95224-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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INSURANCE DEPARTMENT ASSESSMENT

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PRESBYTERIAN HEALTH PLAN, INC.
P.O. BOX 26666
ALBUQUERQUE, NM 87125-6666

CUSTOMER NUMBER
IDA000095330



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-95330-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-95330-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
ALPHA DENTAL OF ARIZONA, INC.
100 FIRST STREET
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA000095366



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF17-95366-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	300.00
FRA17-95366-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-95366-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,475.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFICARE OF COLORADO, INC.
9700 HEALTH CARE LANE, MN017-E900
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000095434

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-95434-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-95434-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

DELAINE WHITEHEAD
PACIFICARE OF ARIZONA, INC.
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CA 90630

CUSTOMER NUMBER
IDA000095617

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-95617-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-95617-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-95617-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	6,000.00
TOTAL ASSESSMENT AMOUNT			7,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITEDHEALTHCARE OF WISCONSIN, INC.
WI030-1000, 10701 WEST RESEARCH DRIVE
P.O. BOX 26649
WAUWATOSA, WI 53226-0649

CUSTOMER NUMBER
IDA000095710

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-95710-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
FRA17-95710-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ATTN: ASSESSMENTS PAYABLE
HUMANA HEALTH PLAN, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000095885

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-95885-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-95885-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MEDISUN, INC.
1441 NORTH 12TH STREET
PHOENIX, AZ 85006

CUSTOMER NUMBER
IDA000095982

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-95982-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
FRA17-95982-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
FSF17-95982-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/9/2016	600.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANA MIJARES
UNITEDHEALTHCARE OF ARIZONA, INC.
5995 PLAZA DRIVE
MAIL STOP: CA112-0209
CYPRESS, CA 90630

CUSTOMER NUMBER
IDA000096016

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-96016-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-96016-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-96016-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	1,800.00
TOTAL ASSESSMENT AMOUNT			2,975.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
METROPOLITAN TOWER LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000097136

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-97136-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-97136-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PLATEAU INSURANCE COMPANY
P.O. BOX 7001
CROSSVILLE, TN 38557-7001

CUSTOMER NUMBER
IDA000097152



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-97152-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-97152-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
UNITEDHEALTHCARE LIFE INSURANCE COMPANY
P.O. BOX 19032
3100 AMS BOULEVARD
GREEN BAY, WI 54307-9032

CUSTOMER NUMBER
IDA000097179

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-97179-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-97179-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
SETTLERS LIFE INSURANCE COMPANY
P.O. BOX 1031
MADISON, WI 53701-1031

CUSTOMER NUMBER
IDA000097241



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-97241-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-97241-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC LIFE & ANNUITY COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

CUSTOMER NUMBER
IDA000097268

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-97268-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-97268-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
FSF17-97268-AC	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2016	18,000.00
TOTAL ASSESSMENT AMOUNT			19,175.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

- A:** Pay easily and electronically, using your OPTins ASSESSMENT account (optins.naic.org),
- OR**
- B:** Send this assessment document with your check, money order or cashier's check payable to:
INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2016.

If you are mailing your payment, address the envelope containing your remittance EXACTLY AS FOLLOWS:

INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269

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Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 9, 2016

ANNUAL ASSESSMENT CONTACT PERSON
MAGELLAN LIFE INSURANCE COMPANY
14100 MAGELLAN PLAZA
MARYLAND HEIGHTS, MO 63043

CUSTOMER NUMBER
IDA000097292



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-97292-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/9/2016	125.00
FRA17-97292-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/9/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFE OF THE SOUTH INSURANCE COMPANY
10151 DEERWOOD PARK BOULEVARD, BLDG 100, SUITE 500
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000097691

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-97691-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-97691-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
DIRECT GENERAL LIFE INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

CUSTOMER NUMBER
IDA000097705

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-97705-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-97705-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
THRIVENT LIFE INSURANCE COMPANY
625 FOURTH AVENUE SOUTH
MINNEAPOLIS, MN 55415

CUSTOMER NUMBER
IDA000097721



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-97721-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-97721-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT FINANCIAL CENTRE
IDEALIFE INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000097764



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-97764-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-97764-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
US HEALTH AND LIFE INSURANCE COMPANY
8220 IRVING ROAD
STERLING HEIGHTS, MI 48312-4760

CUSTOMER NUMBER
IDA000097772



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-97772-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
HCA17-97772-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFEMAP ASSURANCE COMPANY
100 SOUTHWEST MARKET STREET
PORTLAND, OR 97201

CUSTOMER NUMBER
IDA000097985

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-97985-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-97985-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FOUNDATION LIFE INSURANCE COMPANY
3100 BURNETT PLAZA
801 CHERRY STREET, UNIT 33
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000098205

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-98205-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-98205-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
LIFESHIELD NATIONAL INSURANCE CO.
P.O. BOX 18223
OKLAHOMA CITY, OK 73154-0223

CUSTOMER NUMBER
IDA000099724

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-99724-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-99724-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
FUNERAL DIRECTORS LIFE INSURANCE COMPANY
P.O. BOX 5649
ABILENE, TX 79608

CUSTOMER NUMBER
IDA000099775

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA17-99775-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2016

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBUS LIFE INSURANCE COMPANY
400 EAST 4TH STREET
CINCINNATI, OH 45202-3302

CUSTOMER NUMBER
IDA000099937

Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA17-99937-AC	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2016	125.00
FRA17-99937-AC	Fraud Unit Assessment [ARS § 20-466(J) et al]	7/1/2016	1,050.00
TOTAL ASSESSMENT AMOUNT			1,175.00

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