

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10006

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10006	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10006	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10007

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10007	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10014

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
AFFILIATED FM INSURANCE COMPANY
P.O. BOX 7500
270 CENTRAL AVENUE
JOHNSTON, RI 02919

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10014	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10030

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10030	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10051

ANNUAL ASSESSMENT CONTACT PERSON
LYNDON SOUTHERN INSURANCE COMPANY
P.O. BOX 44130
JACKSONVILLE, FL 32231-4130

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-10051	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10051	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10052

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10052	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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July 1, 2014

NAIC NUMBER
10054

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10054	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10068

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10068	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10068	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10069

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10069	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10071

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10071	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10071	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10072

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10072	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10072	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10103

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10103	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10103	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10105

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10105	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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July 1, 2014

NAIC NUMBER
10111

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10111	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10111	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10111	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10120

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10120	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10120	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10127

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10127	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10127	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10130

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10130	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10155

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10155	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10155	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10160

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-10160	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
HCA15-10160	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10160	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10166

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10166	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10166	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10177

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10177	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10178

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10178	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10200

ANNUAL ASSESSMENT CONTACT PERSON
HISCOX INSURANCE COMPANY INC.
233 NORTH MICHIGAN AVENUE, SUITE 1840
CHICAGO, IL 60601

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-10200	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10200	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10204

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10204	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10204	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10216

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10216	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10219

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10219	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10219	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10219	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10220

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10220	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10222

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10222	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10226

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10226	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10227

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10227	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10227	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10227	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10235

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10235	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10235	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10239

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10239	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10239	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10243

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10243	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10243	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10243	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10245

ANNUAL ASSESSMENT CONTACT PERSON
21ST CENTURY INSURANCE COMPANY OF THE SOUTHWEST
THREE BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10245	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10287

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
PMI INSURANCE CO.
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP, INC.
WALNUT CREEK, CA 94597-2098

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-10287	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
FRA15-10287	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			2,950.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10336

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10336	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10336	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10340

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10340	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10346

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10346	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10348

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10348	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10348	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10351

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10351	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10351	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10367

ANNUAL ASSESSMENT CONTACT PERSON
AVEMCO INSURANCE COMPANY
411 AVIATION WAY, SUITE 100
FREDERICK, MD 21701

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10367	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10367	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-10367	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10391

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN CENTENNIAL INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10391	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10391	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10413

ANNUAL ASSESSMENT CONTACT PERSON
USAGENCIES DIRECT INSURANCE COMPANY
7163 FLORIDA BOULEVARD
BATON ROUGE, LA 70806-4549



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10413	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10413	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10464

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10464	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10472

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10472	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10472	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10472	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10499

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10499	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10502

ANNUAL ASSESSMENT CONTACT PERSON
MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10502	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10502	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10510

ANNUAL ASSESSMENT CONTACT PERSON
CAROLINA CASUALTY INSURANCE COMPANY
P.O. BOX 2575
JACKSONVILLE, FL 32203-2575



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10510	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10510	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10510	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10638

ANNUAL ASSESSMENT CONTACT PERSON
PROSELECT INSURANCE COMPANY
ONE FINANCIAL CENTER, 13TH FLOOR
BOSTON, MA 02111

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10638	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10638	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10640

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10640	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10640	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10641

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10641	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10641	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10642

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10642	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10642	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10642	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10644

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10644	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10644	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10646

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10646	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10646	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10648

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10648	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10669

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10669	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10669	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10671

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10671	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10672

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10672	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10672	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-10672	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,275.00

This consolidated assessment notice contains one or more assessments that your 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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10676

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-10676	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
MAP15-10676	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10676	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10677

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10677	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10677	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10677	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10682

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10682	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10690

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10690	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10690	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10693

ANNUAL ASSESSMENT CONTACT PERSON
CIVIL SERVICE EMPLOYEES INSURANCE COMPANY
2121 NORTH CALIFORNIA BOULEVARD, SUITE 555
WALNUT CREEK, CA 94596



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10693	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10693	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10693	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10723

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10723	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10724

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10724	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10729

ANNUAL ASSESSMENT CONTACT PERSON
SENECA SPECIALTY INSURANCE COMPANY
160 WATER STREET
NEW YORK, NY 10038-4922



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10729	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-10729	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
MAP15-10729	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,650.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10730

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN ACCESS CASUALTY COMPANY
1S450 SUMMIT AVENUE, SUITE 230
OAKBROOK TERRACE, IL 60181

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10730	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10738

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10738	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10738	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FSF15-10738	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
TOTAL ASSESSMENT AMOUNT			1,650.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10749

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10749	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10758

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL SURETY COMPANY
50 CHESTNUT RIDGE ROAD
MONTVALE, NJ 07645



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10758	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10758	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10759

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL NORTH AMERICA INSURANCE COMPANY
9901 IH 10 WEST, SUITE 980
SAN ANTONIO, TX 78230



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10759	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10777

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10777	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10783

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10783	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10783	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10784

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10784	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10794

ANNUAL ASSESSMENT CONTACT PERSON
COMPANION COMMERCIAL INSURANCE COMPANY
P.O. BOX 100165
COLUMBIA, SC 29202



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10794	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10799

ANNUAL ASSESSMENT CONTACT PERSON
GEOVERA INSURANCE COMPANY
4820 BUSINESS CENTER DRIVE, SUITE 200
FAIRFIELD, CA 94534-1900

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10799	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10800

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10800	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10801

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10801	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10804

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10804	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10807

ANNUAL ASSESSMENT CONTACT PERSON
ACCC INSURANCE COMPANY
420 LOCKHAVEN DRIVE
HOUSTON, TX 77073-5530

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10807	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10814

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10814	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-10814	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
MAP15-10814	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			3,150.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10815

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10815	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10815	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10836

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10836	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10836	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-10836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10847

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10847	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-10847	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10859

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10859	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10872

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10872	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10872	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10885

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-10885	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-10885	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10891

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10891	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10891	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10895

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10895	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10900

ANNUAL ASSESSMENT CONTACT PERSON
PREFERRED EMPLOYERS INSURANCE COMPANY
1455 FRAZEE ROAD, SUITE 1000
SAN DIEGO, CA 92108



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10900	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10900	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10906

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10906	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10909

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10909	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10914

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10914	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10915

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10915	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10916

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10916	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10921

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10921	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10936

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10936	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10936	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10945

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-10945	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10945	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10945	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10952

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-10952	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-10952	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-10952	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
10957

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-10957	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-10957	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11000



Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11000	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11000	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11030

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11030	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11044

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11044	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11050

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11050	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11054

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11054	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11054	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11062

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11062	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11075

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11075	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11092

ANNUAL ASSESSMENT CONTACT PERSON
GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK
68 SOUTH SERVICE ROAD, SUITE 450, 4TH FLOOR
MELVILLE, NY 11747

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11092	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11092	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11118

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11118	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11118	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11118	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11121

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11121	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11121	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11123

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11123	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11123	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11126

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11126	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11127

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11127	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11134

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11134	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11134	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11150

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11150	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11150	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11163

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11163	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11163	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-11163	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11177

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11177	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11185

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11185	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-11185	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11185	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11198

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11198	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-11198	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11206

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11206	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11215

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11215	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11215	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11226

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11226	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11231

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11231	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11231	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11231	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11232

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11232	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11242

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11242	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11255

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11255	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11255	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11258

ANNUAL ASSESSMENT CONTACT PERSON
GEORGIA CASUALTY & SURETY COMPANY
4370 PEACHTREE ROAD, NORTHEAST, SUITE 200
ATLANTA, GA 30319



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11258	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11347

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11347	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11371

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11371	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11445

BARB HALLAR
UNITED NATIONAL CASUALTY INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11445	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11445	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-11445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11452

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11452	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11452	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11499

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11499	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11512

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11512	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11523

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11523	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11551

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11551	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11551	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-11551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11555

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11555	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11555	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11558

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11558	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11558	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11573

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11573	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11573	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11592

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11592	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11595

ANNUAL ASSESSMENT CONTACT PERSON
MERCHANTS NATIONAL BONDING, INC.
2100 FLEUR DRIVE
DES MOINES, IA 50321

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11595	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11595	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11600

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11600	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11630

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11630	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-11630	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11630	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11665

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11665	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11673

ANNUAL ASSESSMENT CONTACT PERSON
REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
3333 FARNAM STREET, SUITE 300
OMAHA, NE 68131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11673	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11673	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-11673	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11681

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11681	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11681	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11702

ANNUAL ASSESSMENT CONTACT PERSON
ECHELON PROPERTY & CASUALTY INSURANCE COMPANY
30 NORTH LA SALLE STREET, SUITE 3216
CHICAGO, IL 60602



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11702	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11711

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11711	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11738

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11738	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-11738	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11738	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11746

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11746	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11746	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11770

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11770	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11800

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11800	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11800	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-11800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11805

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11805	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-11805	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
MAP15-11805	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,275.00

This consolidated assessment notice contains one or more assessments that your 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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11811

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-11811	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-11811	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11811	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11835

ANNUAL ASSESSMENT CONTACT PERSON
PARTNERRE AMERICA INSURANCE COMPANY
801 BRICKELL AVENUE, SUITE 850
MIAMI, FL 33131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11835	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11835	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11835	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11843

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11843	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11851

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11851	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11851	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11853

ANNUAL ASSESSMENT CONTACT PERSON
RANCHERS AND FARMERS INSURANCE COMPANY
P.O. BOX 3730
BEAUMONT, TX 77704

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-11853	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-11853	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11855

ANNUAL ASSESSMENT CONTACT PERSON
PRIMERO INSURANCE COMPANY
506 5TH STREET
SPEARFISH, SD 57783

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11855	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11860

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11860	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11908

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11908	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11908	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11967

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11967	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11967	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11991

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-11991	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-11991	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-11991	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
11997

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-11997	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-11997	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12041

ANNUAL ASSESSMENT CONTACT PERSON
MBIA INSURANCE CORPORATION
113 KING STREET
ARMONK, NY 10504



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12041	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12151

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12151	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12151	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12157

ANNUAL ASSESSMENT CONTACT PERSON
COMPANION PROPERTY AND CASUALTY INSURANCE COMPAN
P.O. BOX 100165
COLUMBIA, SC 29202



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12157	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12177

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12177	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12190

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12190	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12200

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12200	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12217

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12217	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12217	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-12217	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12254

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12254	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12254	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12254	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12256

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12256	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12256	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12260

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12260	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12262

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12262	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12262	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12279

ANNUAL ASSESSMENT CONTACT PERSON
SCAN HEALTH PLAN ARIZONA
3800 KILROY AIRPORT WAY, SUITE 100
C/O DOUGLAS JAQUES
LONG BEACH, CA 90806



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12279	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12279	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-12279	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12294

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12294	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-12294	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
MAP15-12294	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			5,400.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12297

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12297	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12297	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12304

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12304	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12305

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12305	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12309

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12309	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12311

ANNUAL ASSESSMENT CONTACT PERSON
BLOOMINGTON COMPENSATION INSURANCE COMPANY
8500 NORMANDALE LAKE BOULEVARD, SUITE 1400
BLOOMINGTON, MN 55437

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12311	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12311	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12319

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12319	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12319	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-12319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12321

AMY REIN
AMERICAN CONTINENTAL INSURANCE COMPANY
6604 W BROAD STREET
RICHMOND, VA 23230

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12321	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12321	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12338

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12338	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12338	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12416

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12416	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-12416	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12416	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12491

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12491	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12491	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12504

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12504	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12504	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12504	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12508

ANNUAL ASSESSMENT CONTACT PERSON
LITTLE RIVER INSURANCE COMPANY
400 COMMERCE COURT
GOLDSBORO, NC 27534

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12508	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12513

ANNUAL ASSESSMENT CONTACT PERSON
PROFESSIONAL LIABILITY INSURANCE COMPANY OF AMERIC
130 SOUTH BEMINSTON AVENUE, SUITE 506
ST. LOUIS, MO 63105

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12513	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12513	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12515

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12515	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12515	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12521

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12521	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12521	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12528

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12528	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12528	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12533

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12533	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12533	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12536

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12536	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12536	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12548

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12548	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12575

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12575	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12575	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12599

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12599	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12645

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12645	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12645	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12718

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12718	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12718	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12741

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12741	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-12741	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
MAP15-12741	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12747

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-12747	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12747	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12750

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12750	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12754

ANNUAL ASSESSMENT CONTACT PERSON
MEDICUS INSURANCE COMPANY
560 DAVIS STREET, SUITE 200
SAN FRANCISCO, CA 94111

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12754	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12754	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12777

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12777	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12815

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL GUARANTY INSURANCE COMPANY
125 PARK AVENUE, 6TH FLOOR
NEW YORK, NY 10017

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12815	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12831

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12831	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-12831	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-12831	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12866

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12866	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12866	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12870

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12870	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12873

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-12873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-12873	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12879

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12879	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12890

ANNUAL ASSESSMENT CONTACT PERSON
EAGLE WEST INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA 93940



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12890	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12902

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12902	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12902	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12910

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12910	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12910	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12964

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12964	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-12964	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
12966

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-12966	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-12966	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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- OR**
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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13019

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13019	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13019	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13021

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13021	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13021	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13043

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-13043	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-13043	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13043	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13056

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13056	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-13056	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-13056	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13070

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY ASSURANCE CORPORATION
3024 HARNEY STREET
OMAHA, NE 68131-3580

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13070	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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<p>INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269</p>
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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13100

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13100	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-13100	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13126

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13126	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13137

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13137	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13161

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13161	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13183

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-13183	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-13183	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13188

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13188	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13209

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13209	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FSF15-13209	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-13209	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13210

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-13210	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-13210	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13210	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13234

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13234	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-13234	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-13234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13242

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13242	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13250

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13250	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13269

ANNUAL ASSESSMENT CONTACT PERSON
ZENITH INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA 91367



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13269	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13285

ANNUAL ASSESSMENT CONTACT PERSON
ALLEGHENY CASUALTY COMPANY
ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NJ 07102



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13285	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13307

ANNUAL ASSESSMENT CONTACT PERSON
LEXON INSURANCE COMPANY
10002 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY 40223



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13307	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13331

ANNUAL ASSESSMENT CONTACT PERSON
MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY
471 EAST BROAD STREET
COLUMBUS, OH 43215

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-13331	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-13331	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13412

ANNUAL ASSESSMENT CONTACT PERSON
AUSTIN MUTUAL INSURANCE COMPANY
P.O. BOX 1420
MAPLE GROVE, MN 55311

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13412	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13412	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13420

ANNUAL ASSESSMENT CONTACT PERSON
BADGER MUTUAL INSURANCE COMPANY
1635 WEST NATIONAL AVENUE
MILWAUKEE, WI 53204



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-13420	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-13420	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13420	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13528

ANNUAL ASSESSMENT CONTACT PERSON
BROTHERHOOD MUTUAL INSURANCE COMPANY
P.O. BOX 2227
6400 BROTHERHOOD WAY
FORT WAYNE, IN 46801-2227

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-13528	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-13528	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13528	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13544

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CAPITAL INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA 93940

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13544	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13544	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13559

ANNUAL ASSESSMENT CONTACT PERSON
MUNICIPAL ASSURANCE CORP.
31 WEST 52ND STREET
NEW YORK, NY 10019



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13559	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13562

ANNUAL ASSESSMENT CONTACT PERSON
CAREMORE HEALTH PLAN OF ARIZONA, INC.
322 WEST ROOSEVELT
PHOENIX, AZ 85003



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-13562	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-13562	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
FRA15-13562	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			3,075.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13601

ANNUAL ASSESSMENT CONTACT PERSON
ECOLE INSURANCE COMPANY
2999 NORTH 44TH STREET, SUITE 550
C/O LOW & COHEN, PLLC
PHOENIX, AZ 85018

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-13601	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-13601	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13601	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13625

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN MUTUAL INSURANCE COMPANY
P.O. BOX 19626
IRVINE, CA 92623-9626



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13625	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13625	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13634

ANTHONY D THEODORE
ESSENT GUARANTY, INC.
201 KING OF PRUSSIA ROAD, SUITE 501
RADNOR, PA 19087

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13634	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13695

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL MORTGAGE INSURANCE CORPORATION
2100 POWELL STREET, 12TH FLOOR
EMERYVILLE, CA 94608

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13695	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13703

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE
P.O. BOX 305054
NASHVILLE, TN 37230-5054

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13703	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13714

ANNUAL ASSESSMENT CONTACT PERSON
PHARMACISTS MUTUAL INSURANCE COMPANY
P.O. BOX 370
ALGONA, IA 50511

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13714	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13714	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13722

ANNUAL ASSESSMENT CONTACT PERSON
KNIGHTBROOK INSURANCE COMPANY
927 WEST MAIN STREET
VALLEY VIEW, PA 17983



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13722	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-13722	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-13722	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13730

ANNUAL ASSESSMENT CONTACT PERSON
SELECTIVE INSURANCE COMPANY OF NEW YORK
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13730	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13751

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13751	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13751	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-13751	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13773

ANNUAL ASSESSMENT CONTACT PERSON
FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPAN
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13773	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13773	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13838

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13838	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13838	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13928

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13928	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13928	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-13928	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13929

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-13929	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-13929	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13929	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13930

ANNUAL ASSESSMENT CONTACT PERSON
COMMONWEALTH CASUALTY COMPANY
7080 NORTH 19TH AVENUE
PHOENIX, AZ 85021



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-13930	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
MAP15-13930	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13930	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13935

ANNUAL ASSESSMENT CONTACT PERSON
FEDERATED MUTUAL INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-13935	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-13935	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-13935	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13978

ANNUAL ASSESSMENT CONTACT PERSON
FLORISTS' MUTUAL INSURANCE COMPANY
#1 HORTICULTURAL LANE
EDWARDSVILLE, IL 62025



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13978	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
13986

ANNUAL ASSESSMENT CONTACT PERSON
FRANKENMUTH MUTUAL INSURANCE COMPANY
ONE MUTUAL AVENUE
FRANKENMUTH, MI 48787-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-13986	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-13986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14004

ANNUAL ASSESSMENT CONTACT PERSON
UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE
2701 EAST ELVIRA ROAD
TUCSON, AZ 85756

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-14004	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-14004	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-14004	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14010

ANNUAL ASSESSMENT CONTACT PERSON
CRUSADER INSURANCE COMPANY
23251 MULHOLLAND DRIVE
WOODLAND HILLS, CA 91364-2732



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-14010	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-14010	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14133

ANNUAL ASSESSMENT CONTACT PERSON
QUALITAS INSURANCE COMPANY
101 WEST BROADWAY, SUITE 1270
SAN DIEGO, CA 92101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14133	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14133	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14137

ANNUAL ASSESSMENT CONTACT PERSON
GEICO SECURE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-14137	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14138

ANNUAL ASSESSMENT CONTACT PERSON
GEICO ADVANTAGE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-14138	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14139

ANNUAL ASSESSMENT CONTACT PERSON
GEICO CHOICE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14139	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14184

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ACUITY, A MUTUAL INSURANCE COMPANY
P.O. BOX 58
2800 SOUTH TAYLOR DRIVE
SHEBOYGAN, WI 53082-0058

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-14184	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-14184	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14190

ANNUAL ASSESSMENT CONTACT PERSON
OBI NATIONAL INSURANCE COMPANY
150 ROYALL STREET
CANTON, MA 02021

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14190	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14206

ANNUAL ASSESSMENT CONTACT PERSON
HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM
HOLYOKE SQUARE
SALEM, MA 01970-3391

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-14206	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14216

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14216	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-14216	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
MAP15-14216	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			23,400.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14240

ANNUAL ASSESSMENT CONTACT PERSON
FIRST NATIONAL TITLE INSURANCE COMPANY
2400 DALLAS PARKWAY, SUITE 580
PLANO, TX 75093

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14240	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14249

ANNUAL ASSESSMENT CONTACT PERSON
FOUNDERS INSURANCE COMPANY
1645 EAST BIRCHWOOD AVENUE
DES PLAINES, IL 60018



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14249	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14249	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14257

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14257	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-14257	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14265

ANNUAL ASSESSMENT CONTACT PERSON
INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY
8888 KEYSTONE CROSSING, SUITE 250
INDIANAPOLIS, IN 46240

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14265	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14265	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14354

ANNUAL ASSESSMENT CONTACT PERSON
JEWELERS MUTUAL INSURANCE COMPANY
P.O. BOX 468
NEENAH, WI 54957-0468

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14354	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14354	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14380

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
BUILD AMERICA MUTUAL ASSURANCE COMPANY
ONE WORLD FINANCIAL CENTER, 27TH FLOOR
200 LIBERTY STREET
NEW YORK, NY 10281

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14380	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14406

ANNUAL ASSESSMENT CONTACT PERSON
INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)
17550 NORTH PERIMETER DRIVE, SUITE 210
SCOTTSDALE, AZ 85255-7833

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14406	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-14406	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14460

ANNUAL ASSESSMENT CONTACT PERSON
PODIATRY INSURANCE COMPANY OF AMERICA
3000 MERIDIAN BOULEVARD, SUITE 400
FRANKLIN, TN 37067

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14460	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14494

ANNUAL ASSESSMENT CONTACT PERSON
MERCHANTS BONDING COMPANY (MUTUAL)
2100 FLEUR DRIVE
DES MOINES, IA 50321-1158

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14494	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14508

ANNUAL ASSESSMENT CONTACT PERSON
MICHIGAN MILLERS MUTUAL INSURANCE COMPANY
P.O. BOX 30060
LANSING, MI 48909-7560



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-14508	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14559

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-0600

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14559	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14559	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14641

ANNUAL ASSESSMENT CONTACT PERSON
MAGELLAN COMPLETE CARE OF ARIZONA, INC.
6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14641	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-14641	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-14641	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14648

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14648	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14676

ANNUAL ASSESSMENT CONTACT PERSON
COMPASS COOPERATIVE HEALTH PLAN, INC.
2005 WEST 14TH STREET, SUITE 113
TEMPE, AZ 85281



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-14676	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-14676	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-14676	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2014.

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14689

ANNUAL ASSESSMENT CONTACT PERSON
U.S. LEGAL SERVICES OF TENNESSEE, INC.
8133 BAYMEADOWS WAY
JACKSONVILLE, FL 32256

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14689	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14702

ANNUAL ASSESSMENT CONTACT PERSON
EASTGUARD INSURANCE COMPANY
P.O. BOX A-H
16 SOUTH RIVER STREET
WILKES-BARRE, PA 18703-0020

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-14702	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-14702	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14704

ANNUAL ASSESSMENT CONTACT PERSON
CENPATICO OF ARIZONA, INC.
1501 WEST FOUNTAINHEAD PARKWAY, SUITE 360
TEMPE, AZ 85282

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-14704	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-14704	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-14704	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14761

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL OF ENUMCLAW INSURANCE COMPANY
1460 WELLS STREET
ENUMCLAW, WA 98022

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14761	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-14761	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14788

ANNUAL ASSESSMENT CONTACT PERSON
NGM INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-14788	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-14788	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14904

ANNUAL ASSESSMENT CONTACT PERSON
MERCY MARICOPA INTEGRATED CARE
4350 EAST COTTON CENTER BOULEVARD, BUILDING D
PHOENIX, AZ 85040

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14904	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-14904	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-14904	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14974

ANNUAL ASSESSMENT
PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPAN
ONE COMMERCE SQUARE
2005 MARKET STREET, STE 1200
PHILADELPHIA, PA 19103-7008

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14974	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-14974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
14990

ANNUAL ASSESSMENT CONTACT PERSON
PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE C
P.O. BOX 2361
HARRISBURG, PA 17105-2361



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-14990	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-14990	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-14990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15032

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE MUTUAL INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-15032	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-15032	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15059

ANNUAL ASSESSMENT CONTACT PERSON
PUBLIC SERVICE INSURANCE COMPANY
ONE PARK AVENUE
NEW YORK, NY 10016



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15059	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15059	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15081

ANNUAL ASSESSMENT CONTACT PERSON
HEALTH CHOICE INSURANCE CO.
410 NORTH 44TH STREET, SUITE 923
PHOENIX, AZ 85008



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-15081	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-15081	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-15081	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15092

ANNUAL ASSESSMENT CONTACT PERSON
COMPASS COOPERATIVE MUTUAL HEALTH NETWORK, INC.
2005 WEST 14TH STREET, SUITE 113
TEMPE, AZ 85281

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-15092	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
FRA15-15092	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-15092	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15105

ANNUAL ASSESSMENT CONTACT PERSON
SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS, MO 63146-3540

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-15105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-15105	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15130

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15130	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15238

ANNUAL ASSESSMENT CONTACT PERSON
COMPREHENSIVE MOBILE INSURANCE ARIZONA, INC.
19820 NORTH 7TH STREET, SUITE 290
PHOENIX, AZ 85024

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-15238	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-15238	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-15238	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15377

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN NATIONAL MUTUAL INSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-15377	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-15377	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15385

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ONECIS INSURANCE COMPANY
1601 SAWGRASS CORPORATE PARKWAY, SUITE 400
FORT LAUDERDALE, FL 33323

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15385	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15385	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15447

ANNUAL ASSESSMENT CONTACT PERSON
BRIDGEWAY ADVANTAGE SOLUTIONS, INC.
1501 WEST FOUNTAINHEAD PARKWAY, SUITE 295
TEMPE, AZ 85282

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-15447	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-15447	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15474

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL LLOYDS INSURANCE COMPANY
P.O. BOX 2650
WACO, TX 76702-2650

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15474	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15474	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15563

ANNUAL ASSESSMENT CONTACT PERSON
SEABRIGHT INSURANCE COMPANY
P.O. BOX 91100
SEATTLE, WA 98111

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-15563	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-15563	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-15563	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15586

ANNUAL ASSESSMENT CONTACT PERSON
PRESERVER INSURANCE COMPANY
120 BROADWAY, 31ST FLOOR
NEW YORK, NY 10271

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-15586	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-15586	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15610

ANNUAL ASSESSMENT CONTACT PERSON
AXIS SPECIALTY INSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15610	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-15610	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15679

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FIRE AND INDEMNITY EXCHANGE
P.O. BOX 39903
6030 BANCROFT AVENUE
ST. LOUIS, MO 63139-8903

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15679	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15679	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15865

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15865	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15873

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY
P.O. BOX 20597
GREENSBORO, NC 27420-0597

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15873	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15911

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MINING INSURANCE COMPANY
P.O. BOX 660847
BIRMINGHAM, AL 35266-0847



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15911	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
15954

MARILYN BEYER
AMTRUST INSURANCE COMPANY OF KANSAS, INC.
5210 BELFORD ROAD, STE 120
JACKSONVILLE, FL 32256



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-15954	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-15954	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16063

MARY BEYER
UNITRIN AUTO AND HOME INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16063	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-16063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16187

ANNUAL ASSESSMENT CONTACT PERSON
MOSAIC INSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY 10004

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16187	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-16187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-16187	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16217

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16217	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-16217	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-16217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16535

ANNUAL ASSESSMENT CONTACT PERSON
ZURICH AMERICAN INSURANCE COMPANY
1400 AMERICAN LANE
TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16535	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-16535	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-16535	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16578

ANNUAL ASSESSMENT CONTACT PERSON
STILLWATER PROPERTY AND CASUALTY INSURANCE COMPA
P.O. BOX 45126
JACKSONVILLE, FL 32232-5126



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-16578	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-16578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-16578	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16608

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16608	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-16608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16624

ANNUAL ASSESSMENT CONTACT PERSON
DARWIN NATIONAL ASSURANCE COMPANY
1690 NEW BRITAIN AVENUE, SUITE 101
FARMINGTON, CT 06032

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16624	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-16624	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16659

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF
P.O. BOX 20597
GREENSBORO, NC 27420

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16659	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16675

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH MORTGAGE INSURANCE CORPORATION OF N C
8325 SIX FORKS ROAD
RALEIGH, NC 27615

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16675	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16691

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16691	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-16691	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-16691	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16705

ANNUAL ASSESSMENT CONTACT PERSON
DEALERS ASSURANCE COMPANY
3518 RIVERSIDE DRIVE
UPPER ARLINGTON, OH 43221-0185

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16705	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-16705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16713

ANNUAL ASSESSMENT CONTACT PERSON
BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE
ONE HERITAGE PLACE
PIQUA, OH 45356-4888

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-16713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-16713	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16802

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16802	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-16802	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
16810

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MERCURY INSURANCE COMPANY
P.O. BOX 728847
OKLAHOMA CITY, OK 73172-8847

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-16810	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-16810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
17221

ANNUAL ASSESSMENT CONTACT PERSON
HOMESITE INSURANCE COMPANY
1 FEDERAL STREET, 4TH FLOOR
BOSTON, MA 02110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-17221	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-17221	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-17221	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
17230

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-17230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-17230	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-17230	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
17248

ANNUAL ASSESSMENT CONTACT PERSON
SAFeway PROPERTY INSURANCE COMPANY
P.O. BOX 355760
GAINESVILLE, FL 32635-7760

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-17248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-17248	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
17370

ANNUAL ASSESSMENT CONTACT PERSON
NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE
SCOTTSDALE, AZ 85260-2410



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-17370	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-17370	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
MAP15-17370	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			8,400.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
17965

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SENTINEL INSURANCE COMPANY
P.O. BOX 61140
HARRISBURG, PA 17106-1140



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-17965	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-17965	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-17965	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18023

ANNUAL ASSESSMENT CONTACT PERSON
STAR INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034-6112



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-18023	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-18023	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-18023	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18031

ANNUAL ASSESSMENT CONTACT PERSON
TOPA INSURANCE COMPANY
1800 AVENUE OF THE STARS, SUITE 1200
LOS ANGELES, CA 90067-4213



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18031	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18058

ANNUAL ASSESSMENT CONTACT PERSON
PHILADELPHIA INDEMNITY INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA 19004

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18058	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18139

ATTN: ACCTNG H3162 ASSESSMENT
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18139	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18279

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS STANDARD INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-18279	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-18279	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18287

KIMBERLY CHIN
ASSURED GUARANTY MUNICIPAL CORP.
31 WEST 52ND STREET
25TH FLOOR
NEW YORK, NY 10019

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18287	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18333

HELEN VALE
PEERLESS INDEMNITY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-18333	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-18333	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18468

ANNUAL ASSESSMENT CONTACT PERSON
INDEMNITY NATIONAL INSURANCE COMPANY
4800 OLD KINGSTON PIKE
KNOXVILLE, TN 37919

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-18468	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-18468	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18538

ANNUAL ASSESSMENT CONTACT PERSON
BANCINSURE, INC.
P.O. BOX 26104
OKLAHOMA CITY, OK 73126-0104

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-18538	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-18538	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18538	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18600

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA GENERAL INDEMNITY COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18600	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18619

ANNUAL ASSESSMENT CONTACT PERSON
PLATTE RIVER INSURANCE COMPANY
P.O. BOX 5900
MADISON, WI 53705-0900



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18619	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18619	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18694

ANNUAL ASSESSMENT CONTACT PERSON
GREAT MIDWEST INSURANCE COMPANY
800 GESSNER ROAD, SUITE 600
HOUSTON, TX 77024-1206

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-18694	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-18694	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-18694	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18708

ANNUAL ASSESSMENT CONTACT PERSON
AMBAC ASSURANCE CORPORATION
ONE STATE STREET PLAZA, 17TH FLOOR
NEW YORK, NY 10004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18708	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18732

ANNUAL ASSESSMENT CONTACT PERSON
ARCH MORTGAGE GUARANTY COMPANY
3003 OAK ROAD, PMI PLAZA
WALNUT CREEK, CA 94597-2098

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-18732	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
FRA15-18732	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,450.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18740

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18740	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18759

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH RESIDENTIAL MORTGAGE ASSURANCE CORPORA
8325 SIX FORKS ROAD
RALEIGH, NC 27615

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18759	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18767

ANNUAL ASSESSMENT CONTACT PERSON
CHURCH MUTUAL INSURANCE COMPANY
P.O. BOX 357
MERRILL, WI 54452



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-18767	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-18767	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18813

ANNUAL ASSESSMENT CONTACT PERSON
DENTISTS BENEFITS INSURANCE COMPANY
601 SOUTHWEST SECOND AVENUE
PORTLAND, OR 97204

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18813	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18864

ATTN: STATUTORY DEPT ASSESSMENT
FAIRMONT INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NH 03101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18864	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18864	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18939

ANNUAL ASSESSMENT CONTACT PERSON
UNITED HERITAGE PROPERTY & CASUALTY COMPANY
P.O. BOX 5555
MERIDIAN, ID 83680-5555

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-18939	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-18939	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18953

ANNUAL ASSESSMENT CONTACT PERSON
CSE SAFEGUARD INSURANCE COMPANY
2121 NORTH CALIFORNIA BOULEVARD, SUITE 555
WALNUT CREEK, CA 94596

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18953	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18953	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18961

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-18961	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18961	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
18988

ANNUAL ASSESSMENT CONTACT PERSON
AUTO-OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-18988	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-18988	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-18988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19038

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY AND SURETY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19038	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19038	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19038	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19046

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-19046	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19046	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19062

ANNUAL ASSESSMENT CONTACT PERSON
AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183-6014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-19062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-19062	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19062	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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INSURANCE DEPARTMENT ASSESSMENT

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19070

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183-6014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19070	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19070	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19100

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19100	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19100	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19119

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL UNITY INSURANCE COMPANY
15303 HUEBNER ROAD, BUILDING 1
SAN ANTONIO, TX 78248

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-19119	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19119	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19216

ANNUAL ASSESSMENT CONTACT PERSON
SOUTHERN INSURANCE COMPANY
P.O. BOX 809076
DALLAS, TX 72380-9076



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19216	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19216	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19216	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19224

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL PROTECTIVE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19224	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19224	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19224	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19232

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19232	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19232	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19240

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, IL 60010-9300

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19240	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19240	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19275

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY MUTUAL INSURANCE COMPANY
6000 AMERICAN PARKWAY
AMERICAN FAMILY INS. GROUP
MADISON, WI 53783



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-19275	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-19275	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19275	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19283

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
6000 AMERICAN PARKWAY
C/O AMERICAN FAMILY INS.GROUP
MADISON, WI 53783



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19283	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19283	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19305

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ASSURANCE COMPANY OF AMERICA
1400 AMERICAN LANE, TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19305	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19305	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19348

ANNUAL ASSESSMENT CONTACT PERSON
CAPSON PHYSICIANS INSURANCE COMPANY
221 WEST 6TH STREET, SUITE 100
AUSTIN, TX 78701



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-19348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19348	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19356

ANNUAL ASSESSMENT CONTACT PERSON
MARYLAND CASUALTY COMPANY
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19356	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19356	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19356	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19372

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
NORTHERN INSURANCE COMPANY OF NEW YORK
1400 AMERICAN LANE, TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19372	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19372	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19372	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19380

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HOME ASSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19380	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19380	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19380	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19399

ANNUAL ASSESSMENT CONTACT PERSON
AIU INSURANCE COMPANY
175 WATER STREET, 24TH FLOOR
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19399	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19399	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19399	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19402

ANNUAL ASSESSMENT CONTACT PERSON
AIG PROPERTY CASUALTY COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19402	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19402	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19410

ANNUAL ASSESSMENT CONTACT PERSON
COMMERCE AND INDUSTRY INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19410	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19410	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19429

ANNUAL ASSESSMENT CONTACT PERSON
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19429	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19429	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-19429	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19445

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19445	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-19445	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19453

ANNUAL ASSESSMENT CONTACT PERSON
TRANSATLANTIC REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19453	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19453	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19488

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19488	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19488	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19496

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FIRE & INDEMNITY COMPANY
P.O. BOX 73909
118 SECOND AVENUE, SOUTHEAST
CEDAR RAPIDS, IA 52407-3909

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19496	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19518

ANNUAL ASSESSMENT CONTACT PERSON
CATLIN INSURANCE COMPANY, INC.
3340 PEACHTREE ROAD, NORTHEAST, SUITE 2950
ATLANTA, GA 30326

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19518	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-19518	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19526

ANNUAL ASSESSMENT CONTACT PERSON
TEXAS GENERAL INDEMNITY COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19526	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19526	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19530

ANNUAL ASSESSMENT CONTACT PERSON
HALLMARK NATIONAL INSURANCE COMPANY
777 MAIN STREET, SUITE 1000
FORT WORTH, TX 76102

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19530	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19615

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN RELIABLE INSURANCE COMPANY
8655 EAST VIA DE VENTURA
SCOTTSDALE, AZ 85258

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19615	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-19615	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
FRA15-19615	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19615	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			8,525.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19623

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SUMMIT INSURANCE COMPANY
P.O. BOX 2650
WACO, TX 76702-2650

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19623	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19623	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19631

ANNUAL ASSESSMENT
AMERICAN ROAD INSURANCE COMPANY, THE
ONE AMERICAN ROAD, MD7600
DEARBORN, MI 48126-2701



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19631	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19631	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19658

ANNUAL ASSESSMENT CONTACT PERSON
BRISTOL WEST INSURANCE COMPANY
5701 STIRLING ROAD
DAVIE, FL 33314



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19658	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19682

Enter your NAIC number on your payment.

ANNUAL ASSESSMENTS
HARTFORD FIRE INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19682	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19682	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19690

HELEN VALE
AMERICAN ECONOMY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19690	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19704

HELEN VALE
AMERICAN STATES INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19704	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19704	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19704	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19712

HELEN VALE
AMERICAN STATES INSURANCE COMPANY OF TEXAS
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19712	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19712	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19720

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN ALTERNATIVE INSURANCE CORPORATION
555 COLLEGE ROAD EAST
AMERICAN RE PLAZA
PRINCETON, NJ 08543-5241

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19720	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-19720	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19720	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19801

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19801	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19828

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT-MIDWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-19828	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19828	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19836

ANNUAL ASSESSMENT CONTACT PERSON
SELECT MARKETS INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19836	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19844

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT-SOUTHWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19844	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19852

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL INDEMNITY COMPANY
P.O.BOX 223687
DALLAS, TX 75222-3687

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19852	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19852	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19852	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19860

ANNUAL ASSESSMENT CONTACT PERSON
ARGONAUT GREAT CENTRAL INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19860	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19879

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY NATIONAL INSURANCE COMPANY
P.O. BOX 650771
DALLAS, TX 75265-0771

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-19879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19879	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19887

MARILYN BEYER
TRINITY UNIVERSAL INSURANCE COMPANY
5210 BELFORD ROAD, STE 120
JACKSONVILLE, FL 32256



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19887	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19917

HELEN VALE
LIBERTY INSURANCE UNDERWRITERS INC.
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19917	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-19917	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19917	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19941

JEFFREY R LACHADELLE
AMERICAN COMMERCE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19941	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19941	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19976

ANNUAL ASSESSMENT CONTACT PERSON
AMICA MUTUAL INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19976	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19984

ANNUAL ASSESSMENT CONTACT PERSON
ACIG INSURANCE COMPANY
2600 NORTH CENTRAL EXPRESSWAY, SUITE 800
RICHARDSON, TX 75080

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-19984	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-19984	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
19992

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SELECT INSURANCE COMPANY
P.O. BOX 5001
ONE PARK CIRCLE
WESTFIELD CENTER, OH 44251-5001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-19992	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-19992	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-19992	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20044

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
3333 FARNAM STREET, SUITE 300
OMAHA, NE 68131



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20044	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20052

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20052	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20087

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL INDEMNITY COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20087	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20087	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20087	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20095

ANNUAL ASSESSMENT CONTACT PERSON
BITUMINOUS CASUALTY CORPORATION
320-18TH STREET
ROCK ISLAND, IL 61201-8744

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20095	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20095	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20109

ANNUAL ASSESSMENT CONTACT PERSON
BITUMINOUS FIRE AND MARINE INSURANCE COMPANY
320-18TH STREET
ROCK ISLAND, IL 61201-8744

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20109	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20117

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY INDEMNITY EXCHANGE
P.O. BOX M
SAN MATEO, CA 94402-0080

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20117	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20117	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20125

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY INSURANCE COMPANY
P.O. BOX M
SAN MATEO, CA 94402-0080



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20125	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20125	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20141

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20141	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20141	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20222

ANNUAL ASSESSMENT CONTACT PERSON
ALL AMERICA INSURANCE COMPANY
P.O. BOX 351, 800 SOUTH WASHINGTON STREET
VAN WERT, OH 45891

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20222	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20230

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL MUTUAL INSURANCE COMPANY
800 SOUTH WASHINGTON STREET
VAN WERT, OH 45891-2381



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20230	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20260

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20260	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20273

ANNUAL ASSESSMENT CONTACT PERSON
WRM AMERICA INDEMNITY COMPANY, INC.
333 EARLE OVINGTON BOULEVARD, SUITE 505
UNIONDALE, NY 11553-3426



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20273	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20273	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20281

ANNUAL ASSESSMENT CONTACT PERSON
FEDERAL INSURANCE COMPANY
P.O. BOX 1615
WARREN, NJ 07061-1615



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20281	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20281	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20281	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20303

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20303	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20303	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20303	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20311

ANNUAL ASSESSMENT CONTACT PERSON
SYNCORA GUARANTEE INC.
135 WEST 50TH STREET, 20TH FLOOR
NEW YORK, NY 10020

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20311	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20338

ANNUAL ASSESSMENT CONTACT PERSON
PALOMAR SPECIALTY INSURANCE COMPANY
888 PROSPECT STREET, SUITE 105
LA JOLLA, CA 92037

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20338	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20346

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20346	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20346	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20362

ANNUAL ASSESSMENT CONTACT PERSON
MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA
P.O. BOX 4602
15 INDEPENDENCE BOULEVARD
WARREN, NJ 07059-0602



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20362	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20362	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20362	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20370

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
AXIS REINSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20370	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20370	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20370	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20397

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20397	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20397	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20397	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20400

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-20400	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
MAP15-20400	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20400	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20419

ANNUAL ASSESSMENT CONTACT PERSON
HOMESITE INDEMNITY COMPANY
1 FEDERAL STREET, 4TH FLOOR
BOSTON, MA 02110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20419	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20419	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20427

ATTN: BB&A AND OTHER TAXES - 28S
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANI
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20427	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20427	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20427	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20443

Enter your NAIC number on your payment.

ATTN: BB&A AND OTHER TAXES - 28S
CONTINENTAL CASUALTY COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20443	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-20443	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20443	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20451

ANNUAL ASSESSMENT CONTACT PERSON
MIDSTATES REINSURANCE CORPORATION
10560 SUCCESS LANE, SUITE A
WASHINGTON TOWNSHIP, OH 45458



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20451	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-20451	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20451	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20478

ATTN: BB&A AND OTHER TAXES - 28S
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20478	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20478	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20494



Enter your NAIC number on your payment.

ATTN: BB&A AND OTHER TAXES - 28S
TRANSPORTATION INSURANCE COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20494	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20494	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20508

Enter your NAIC number on your payment.

ATTN: BB&A AND OTHER TAXES - 28S
VALLEY FORGE INSURANCE COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-20508	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20508	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20516

ANNUAL ASSESSMENT CONTACT PERSON
EULER HERMES NORTH AMERICA INSURANCE COMPANY
800 RED BROOK BOULEVARD
OWINGS MILLS, MD 21117



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20516	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20532

ANNUAL ASSESSMENT CONTACT PERSON
CLARENDON NATIONAL INSURANCE COMPANY
411 FIFTH AVENUE, FLOOR 5
NEW YORK, NY 10016

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20532	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20532	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20532	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20559

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA
199 WATER STREET, 21ST FLOOR
ONE SEAPORT PLAZA
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20559	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-20559	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
FRA15-20559	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20559	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			5,525.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20583

ANNUAL ASSESSMENT CONTACT PERSON
XL REINSURANCE AMERICA INC.
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20583	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20583	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20583	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20613

ATTN: TAX DEPT. - ASSESSMENT
SPARTA INSURANCE COMPANY
185 ASYLUM STREET, CITYPLACE II
HARTFORD, CT 06103



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20613	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20613	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20613	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20621

Enter your NAIC number on your payment.

ATTN: TAX DEPT. - ASSESSMENT
ONEBEACON AMERICA INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20621	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20621	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20648

Enter your NAIC number on your payment.

ATTN: TAX DEPT. - ASSESSMENT
EMPLOYERS' FIRE INSURANCE COMPANY, THE
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20648	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20648	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20699

ANNUAL ASSESSMENT CONTACT PERSON
ACE PROPERTY AND CASUALTY INSURANCE COMPANY
436 WALNUT STREET
P. O. BOX 1000
PHILADELPHIA, PA 19106



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20699	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20699	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20702

ANNUAL ASSESSMENT CONTACT PERSON
ACE FIRE UNDERWRITERS INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-20702	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20702	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20710

ANNUAL ASSESSMENT CONTACT PERSON
CENTURY INDEMNITY COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20710	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-20710	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-20710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20796

ATTN: COMPLIANCE
21ST CENTURY PREMIER INSURANCE COMPANY
3 BEAVER VALLEY ROAD, 21ST CENTURY PLAZA
WILMINGTON, DE 19803-1115



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-20796	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20796	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20796	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20931

ANNUAL ASSESSMENT CONTACT PERSON
ATLANTA INTERNATIONAL INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-20931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-20931	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-20931	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20982

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY CASUALTY INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20982	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20982	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
20990

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY MUTUAL INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-20990	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-20990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21008

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY PREFERRED INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21008	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21008	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21032

ANNUAL ASSESSMENT CONTACT PERSON
GLOBAL REINSURANCE CORPORATION OF AMERICA
7 TIMES SQUARE, 37TH FLOOR
NEW YORK, NY 10036

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21032	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21075

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL AMERICAN PROPERTY AND CASUALTY IC
P.O. BOX 77-0250
MIAMI, FL 33177-0250



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21075	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21075	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21105

KATHLEEN MACKEY
NORTH RIVER INSURANCE COMPANY
SR. TAX ACCOUNT
305 MADISON AVENUE
MORRISTOWN, NJ 07962



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21105	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-21105	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21113

KATHLEEN MACKEY
UNITED STATES FIRE INSURANCE COMPANY
SR. TAX ACCOUNTANT
305 MADISON AVENUE
MORRISTOWN, NJ 07962

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21113	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21113	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21113	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21164

ANNUAL ASSESSMENT CONTACT PERSON
DAIRYLAND INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21164	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21164	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21172

ANNUAL ASSESSMENT CONTACT PERSON
VANLINER INSURANCE COMPANY
ONE PREMIER DRIVE
ST. LOUIS, MO 63026



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21172	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21172	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21180

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY SELECT INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-8020



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21180	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-21180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-21180	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21253

ANNUAL ASSESSMENT CONTACT PERSON
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-21253	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-21253	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21261

ANNUAL ASSESSMENT CONTACT PERSON
ELECTRIC INSURANCE COMPANY
75 SAM FONZO DRIVE
BEVERLY, MA 01915

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21261	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21261	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21261	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21296

ANNUAL ASSESSMENT CONTACT PERSON
ALTERRA AMERICA INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21296	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21296	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21296	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21326

ANNUAL ASSESSMENT
EMPIRE FIRE AND MARINE INSURANCE COMPANY
1400 AMERICAN LANE, TOWER 2, FL 20
SCHAUMBURG, IL 60196

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-21326	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-21326	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21326	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21407

ANNUAL ASSESSMENT CONTACT PERSON
EMCASCO INSURANCE COMPANY
P.O. BOX 712
DES MOINES, IA 50306-0712

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21407	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21407	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21415

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS MUTUAL CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA 50306-0712



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21415	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21415	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21423

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
UNION INSURANCE COMPANY OF PROVIDENCE
P.O. BOX 712
717 MULBERRY STREET
DES MOINES, IA 50303-0712

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21423	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21423	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21458

HELEN VALE
EMPLOYERS INSURANCE COMPANY OF WAUSAU
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21458	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21458	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21458	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21482

ANNUAL ASSESSMENT CONTACT PERSON
FACTORY MUTUAL INSURANCE COMPANY
P.O. BOX 7500
270 CENTRAL AVENUE
JOHNSTON, RI 02919

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21482	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21482	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21598

MIKE APPLETON
FARMERS INSURANCE COMPANY OF ARIZONA
18444 NORTH 25TH AVENUE
PHOENIX, AZ 85023

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21598	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-21598	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-21598	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-21598	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
TOTAL ASSESSMENT AMOUNT			1,775.00

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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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21652

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
FARMERS INSURANCE EXCHANGE
P.O. BOX 2478, TERMINAL ANNEX
ATTN: STEPHEN FEELY
LOS ANGELES, CA 90051-2478

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21652	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-21652	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-21652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21660

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
FIRE INSURANCE EXCHANGE
P.O. BOX 2478
TERMINAL ANNEX
LOS ANGELES, CA 90051-2478

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21660	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21687

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
MID-CENTURY INSURANCE COMPANY
P.O. BOX 2478, TERMINAL ANNEX
ATTN: CLINTON L. GARDNER, CPCU
LOS ANGELES, CA 90051-2478

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21687	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21687	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21687	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21709

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
TRUCK INSURANCE EXCHANGE
P.O. BOX 2478, TERMINAL ANNEX
ATTN: STEPHEN FEELY
LOS ANGELES, CA 90051-2478

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21709	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21709	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21709	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21741

ANNUAL ASSESSMENT CONTACT PERSON
ESURANCE INSURANCE COMPANY OF NEW JERSEY
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21741	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21741	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21784

ANNUAL ASSESSMENT CONTACT PERSON
FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.
4820 LAKE BROOK DRIVE, SUITE 300
GLEN ALLEN, VA 23060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21784	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-21784	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21792

ANNUAL ASSESSMENT CONTACT PERSON
INFINITY CASUALTY INSURANCE COMPANY
3700 COLONNADE PARKWAY
BIRMINGHAM, AL 35243

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21792	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21792	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21830

ANNUAL ASSESSMENT CONTACT PERSON
NEW ENGLAND INSURANCE COMPANY
100 HIGH STREET
BOSTON, MA 02110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-21830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-21830	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21849

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN AUTOMOBILE INSURANCE COMPANY
777 SAN MARIN DRIVE
NAVATO, CA 94998-2000

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-21849	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-21849	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21849	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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INSURANCE DEPARTMENT ASSESSMENT

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21857

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN INSURANCE COMPANY, THE
777 SAN MARIN DRIVE
NOVATO, CA 94998

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21857	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21857	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21865

ANNUAL ASSESSMENT CONTACT PERSON
ASSOCIATED INDEMNITY CORPORATION
777 SAN MARIN DRIVE
NOVATO, CA 94998

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21865	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-21865	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21873

ANNUAL ASSESSMENT CONTACT PERSON
FIREMAN'S FUND INSURANCE COMPANY
777 SAN MARIN DRIVE
NOVATO, CA 94998



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21873	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-21873	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21881

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL SURETY CORPORATION
777 SAN MARIN DRIVE
NOVATO, CA 94998



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21881	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-21881	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-21881	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21903

ANNUAL ASSESSMENT CONTACT PERSON
PROCENTURY INSURANCE COMPANY
550 POLARIS PARKWAY, SUITE 300
WESTERVILLE, OH 43082

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21903	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21903	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21911

ANNUAL ASSESSMENT CONTACT PERSON
SAN FRANCISCO REINSURANCE COMPANY
777 SAN MARIN DRIVE
NOVATO, CA 94998-3452



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21911	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-21911	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-21911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21962

ATTN: TAX DEPT. - ASSESSMENT
PENNSYLVANIA INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21962	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21970

Enter your NAIC number on your payment.

ATTN: TAX DEPT.- ASSESSMENT
ONEBEACON INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21970	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-21970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
21989

ANNUAL ASSESSMENT CONTACT PERSON
COMPASS INSURANCE COMPANY
9277 CENTRE POINTE DRIVE, SUITE 140
WEST CHESTER, OH 45069



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-21989	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-21989	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-21989	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22004

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
CIM INSURANCE CORPORATION
300 GALLERIA OFFICENTRE, SUITE 200
MAIL CODE: MC480-300-226
SOUTHFIELD, MI 48034

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22004	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22004	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22012

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
MOTORS INSURANCE CORPORATION
300 GALLERIA OFFICENTRE, SUITE 200
MAIL CODE MC480-300-216
SOUTHFIELD, MI 48034

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22012	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22039

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL REINSURANCE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT 06902



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22039	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-22039	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-22039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22055

ANNUAL ASSESSMENT CONTACT PERSON
GEICO INDEMNITY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22055	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22055	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22063

ANNUAL ASSESSMENT CONTACT PERSON
GOVERNMENT EMPLOYEES INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-22063	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-22063	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22098

ANNUAL ASSESSMENT CONTACT PERSON
GRAIN DEALERS MUTUAL INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22098	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-22098	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22136

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22136	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22136	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22179

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC INDEMNITY COMPANY OF AMERICA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA 91436



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22179	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22179	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22187

ANNUAL ASSESSMENT CONTACT PERSON
GREATER NEW YORK MUTUAL INSURANCE COMPANY
200 MADISON AVENUE
NEW YORK, NY 10016



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-22187	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-22187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22187	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22209

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22209	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22209	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22225

ATTN: COMPLIANCE
21ST CENTURY PREFERRED INSURANCE COMPANY
3 BEAVER VALLEY ROAD, 21ST CENTURY PLAZA
WILMINGTON, DE 19803-1115

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22225	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-22225	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-22225	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22233

ANNUAL ASSESSMENT CONTACT PERSON
SELECT INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22233	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22233	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22241

ANNUAL ASSESSMENT CONTACT PERSON
MEDMARC CASUALTY INSURANCE COMPANY
P.O. BOX 10809
CHANTILLY, VA 20153-0809

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22241	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22241	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22250

ANNUAL ASSESSMENT CONTACT PERSON
PATHFINDER INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401-4477

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22250	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22268

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22268	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22268	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22276

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22276	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-22276	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-22276	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22292

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22292	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22292	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-22292	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22306

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22306	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22314

ANNUAL ASSESSMENT CONTACT PERSON
RSUI INDEMNITY COMPANY
945 EAST PACES FERRY ROAD, SUITE 1800
ATLANTA, GA 30326-1125



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22314	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22314	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22322

ANNUAL ASSESSMENT CONTACT PERSON
GREENWICH INSURANCE COMPANY
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22322	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-22322	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22357

Enter your NAIC number on your payment.

ANNUAL ASSESSMENTS
HARTFORD ACCIDENT AND INDEMNITY COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22357	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-22357	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-22357	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22454

ANNUAL ASSESSMENT CONTACT PERSON
MENDAKOTA INSURANCE COMPANY
P.O. BOX 64586
ST. PAUL, MN 55164-0586

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22454	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22454	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22489

ANNUAL ASSESSMENT CONTACT PERSON
HIGHLANDS INSURANCE COMPANY
275 PHILLIPS BOULEVARD
TRENTON, NJ 08618-1426



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
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
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22543

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22543	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22543	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22551

ANNUAL ASSESSMENT CONTACT PERSON
mitsui sumitomo insurance usa inc.
P.O. BOX 4602
15 INDEPENDENCE BOULEVARD
WARREN, NJ 07059-0602

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-22551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22551	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22578

ANNUAL ASSESSMENT CONTACT PERSON
HORACE MANN INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22578	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22594

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22594	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22594	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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- 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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22608

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22608	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22667

ANNUAL ASSESSMENT CONTACT PERSON
ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22667	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22667	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-22667	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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INSURANCE DEPARTMENT ASSESSMENT

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<p>INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269</p>
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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22683

ANNUAL ASSESSMENT CONTACT PERSON
TEACHERS INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22683	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-22683	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-22683	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22705

ANNUAL ASSESSMENT CONTACT PERSON
R&Q REINSURANCE COMPANY
101 SUMMER STREET, 5TH FLOOR
BOSTON, MA 02110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22705	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-22705	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22713

ANNUAL ASSESSMENT CONTACT PERSON
INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22713	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-22713	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22730

Enter your NAIC number on your payment.

CATHERINE - ASSESSMENT
ALLIED WORLD INSURANCE COMPANY
STATE REPORTING ANALYST
3024 HARNEY STREET
OMAHA, NE 68131

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-22730	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-22730	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22748

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC EMPLOYERS INSURANCE COMPANY
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-22748	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-22748	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-22748	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22756

ANNUAL ASSESSMENT CONTACT PERSON
HORACE MANN PROPERTY & CASUALTY INSURANCE COMPAN
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22756	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22756	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22772

ANNUAL ASSESSMENT CONTACT PERSON
INTEGON INDEMNITY CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22772	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22772	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22810

ANNUAL ASSESSMENT CONTACT PERSON
CHICAGO INSURANCE COMPANY
777 SAN MARIN DRIVE
NOVATO, CA 94998



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22810	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22837

ANNUAL ASSESSMENT
AGCS MARINE INSURANCE COMPANY
777 SAN MARIN DRIVE
NEVADA, CA 94998



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22837	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22837	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22896

ANNUAL ASSESSMENT CONTACT PERSON
ACA FINANCIAL GUARANTY CORPORATION
600 FIFTH AVENUE, 2ND FLOOR
NEW YORK, NY 10020

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22896	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22906

ANNUAL ASSESSMENT CONTACT PERSON
PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO
P.O. BOX 305054
2636 ELM HILL PIKE, SUITE 510
NASHVILLE, TN 37230-5054



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22906	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22926

CATHY MADDEN
ECONOMY FIRE & CASUALTY COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22926	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22926	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22950

ANNUAL ASSESSMENT CONTACT PERSON
ACSTAR INSURANCE COMPANY
30 SOUTH ROAD
FARMINGTON, CT 06032

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22950	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
22985

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-22985	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-22985	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23035

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23035	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-23035	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-23035	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23043

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23043	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23043	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-23043	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23051

ANNUAL ASSESSMENT CONTACT PERSON
NEW MEXICO FOUNDATION INSURANCE COMPANY
P.O. BOX 27825
ALBUQUERQUE, NM 87125-7825

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23051	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23108

ANNUAL ASSESSMENT
LUMBERMEN'S UNDERWRITING ALLIANCE
1905 N.W. CORPORATE BLVD
BOCA RATON, FL 33431-7303



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23108	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23108	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23132

ANNUAL ASSESSMENT CONTACT PERSON
R.V.I. AMERICA INSURANCE COMPANY
177 BROAD STREET, 9TH FLOOR
STAMFORD, CT 06901

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23132	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23132	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-23132	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23248

ANNUAL ASSESSMENT CONTACT PERSON
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLI
702 OBERLIN ROAD
RALEIGH, NC 27605



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-23248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-23248	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-23248	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23264

ANNUAL ASSESSMENT CONTACT PERSON
INLAND INSURANCE COMPANY
P.O. BOX 80468
LINCOLN, NE 68501

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23264	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23280

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23280	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23353

ANNUAL ASSESSMENT CONTACT PERSON
MERIDIAN SECURITY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23353	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23353	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23396

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23396	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23396	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23418

SARA ANDERSON
MID-CONTINENT CASUALTY COMPANY
P.O. BOX 1409
TULSA, OK 74101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23418	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23418	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23434

ANNUAL ASSESSMENT CONTACT PERSON
MIDDLESEX INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-1283



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-23434	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-23434	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-23434	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23442

ANNUAL ASSESSMENT CONTACT PERSON
PATRIOT GENERAL INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-1283

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23442	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23442	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23450

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23450	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23450	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23469

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MODERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23469	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-23469	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-23469	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23540

ANNUAL ASSESSMENT CONTACT PERSON
MONTEREY INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA 93940



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23540	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23574

ANNUAL ASSESSMENT CONTACT PERSON
MIDWEST FAMILY MUTUAL INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN 55440-9425

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-23574	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-23574	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23582

ANNUAL ASSESSMENT CONTACT PERSON
HARLEYSVILLE INSURANCE COMPANY
355 MAPLE AVENUE
HARLEYSVILLE, PA 19438-2297

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23582	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23582	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23612

ANNUAL ASSESSMENT CONTACT PERSON
MIDWEST EMPLOYERS CASUALTY COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 300
CHESTERFIELD, MO 63017



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-23612	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-23612	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-23612	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23655

ANNUAL ASSESSMENT CONTACT PERSON
MODERN SERVICE INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23655	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23655	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23663

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL AMERICAN INSURANCE COMPANY
P.O. BOX NINE
1010 MANVEL AVENUE
CHANDLER, OK 74834

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23663	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23663	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23671

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
P.O. BOX 32039
LONG BEACH, CA 90832-2039



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23671	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23680

ANNUAL ASSESSMENT CONTACT PERSON
ODYSSEY REINSURANCE COMPANY
300 FIRST STAMFORD PLACE
STAMFORD, CT 06902



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-23680	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-23680	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-23680	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23728

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23728	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23728	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23736

ANNUAL ASSESSMENT CONTACT PERSON
DIRECT NATIONAL INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23736	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23736	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23752

ANNUAL ASSESSMENT CONTACT PERSON
QUANTA INDEMNITY COMPANY
40 FULTON STREET, 12TH FLOOR
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23752	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23752	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23779

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23779	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-23779	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-23779	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23787

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-23787	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-23787	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-23787	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23809

ANNUAL ASSESSMENT CONTACT PERSON
GRANITE STATE INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-23809	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-23809	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-23809	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23817

ANNUAL ASSESSMENT CONTACT PERSON
ILLINOIS NATIONAL INSURANCE CO.
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23817	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23817	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23825

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION
113 KING STREET
ARMONK, NY 10504

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23825	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23841

ANNUAL ASSESSMENT CONTACT PERSON
NEW HAMPSHIRE INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-23841	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-23841	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-23841	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23876

ANNUAL ASSESSMENT CONTACT PERSON
MAPFRE INSURANCE COMPANY
100 CAMPUS DRIVE
FLORHAM PARK, NJ 07932-1006



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-23876	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-23876	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-23876	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
23914

ANNUAL ASSESSMENT CONTACT PERSON
NORTHWESTERN NATIONAL INSURANCE CO. OF MILWAUKEE,
9277 CENTRE POINTE DRIVE, SUITE 140
WEST CHESTER, OH 45069



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-23914	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-23914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-23914	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24015

ANNUAL ASSESSMENT CONTACT PERSON
NORTHLAND INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24015	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24015	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24031

ANNUAL ASSESSMENT CONTACT PERSON
NORTHLAND CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24031	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24047

ANNUAL ASSESSMENT CONTACT PERSON
SURETY BONDING COMPANY OF AMERICA
333 SOUTH WABASH AVENUE
CHICAGO, IL 60604

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24047	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24047	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24066

HELEN VALE
AMERICAN FIRE AND CASUALTY COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24066	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-24066	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24074

HELEN VALE
OHIO CASUALTY INSURANCE COMPANY, THE
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24074	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-24074	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24074	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24082

HELEN VALE
OHIO SECURITY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24082	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24082	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24104

ANNUAL ASSESSMENT CONTACT PERSON
OHIO FARMERS INSURANCE COMPANY
ONE PARK CIRCLE
P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24104	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24104	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-24104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24112

ANNUAL ASSESSMENT CONTACT PERSON
WESTFIELD INSURANCE COMPANY
ONE PARK CIRCLE, P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24112	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-24112	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24112	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24120

ANNUAL ASSESSMENT CONTACT PERSON
WESTFIELD NATIONAL INSURANCE COMPANY
ONE PARK CIRCLE, P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24120	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-24120	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24139

ANNUAL ASSESSMENT
OLD REPUBLIC GENERAL INSURANCE CORPORATION
133 OAKLAND AVENUE
PO BOX 789
GREENSBURG, PA 15601-0789

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24139	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24139	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-24139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24147

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC INSURANCE COMPANY
P.O. BOX 789
133 OAKLAND AVENUE
GREENSBURG, PA 15601 0789



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24147	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24147	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-24147	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24171

HELEN VALE
NETHERLANDS INSURANCE COMPANY, THE
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24171	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24171	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24198

HELEN VALE
PEERLESS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24198	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24198	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-24198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24201

ANNUAL ASSESSMENT CONTACT PERSON
FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE
2505 COURT STREET
PEKIN, IL 61558

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24201	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-24201	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24228

ANNUAL ASSESSMENT CONTACT PERSON
PEKIN INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24228	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24228	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24260

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24260	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24279

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24279	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24295

ANNUAL ASSESSMENT CONTACT PERSON
PROVIDENCE WASHINGTON INSURANCE COMPANY
475 KILVERT STREET, SUITE 330
WARWICK, RI 02886

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24295	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24295	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24325

ANNUAL ASSESSMENT CONTACT PERSON
YORK INSURANCE COMPANY
475 KILVERT STREET, SUITE 330
WARWICK, RI 02886

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24325	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24350

ANNUAL ASSESSMENT CONTACT PERSON
TRIAD GUARANTY INSURANCE CORPORATION
P.O. BOX 2300
101 SO. STRATFORD RD., STE 500
WINSTON-SALEM, NC 27102



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24350	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24376

ANNUAL ASSESSMENT CONTACT PERSON
WOODRIDGE INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT 06033-5018

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24376	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24376	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24384

ATTN: STATUTORY DEPT ASSESSMENT
FAIRMONT SPECIALTY INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NH 03101

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24384	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24384	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24384	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24414

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL CASUALTY COMPANY OF WISCONSIN
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24414	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24414	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24449

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24449	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24449	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24449	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24465

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN NATIONAL ASSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24465	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24465	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-24465	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24503

BOB EELLS
CATLIN INDEMNITY COMPANY
1800 MARKET STREET, SUITE 1616
PHILADELPHIA, PA 19103



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24503	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24503	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24503	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24538

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC UNDERWRITERS INSURANCE COMPANY
P.O. BOX 809076
DALLAS, TX 75380-9076



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24538	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24538	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-24538	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24554

ANNUAL ASSESSMENT CONTACT PERSON
XL INSURANCE AMERICA, INC.
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24554	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24554	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24678

LINDA STRONG
ARROWOOD INDEMNITY COMPANY
P.O. BOX 1000
3600 ARCO CORPORATE DRIVE
CHARLOTTE, NC 28201-1000



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24678	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24678	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24678	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24724

HELEN VALE
FIRST NATIONAL INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-24724	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24732

HELEN VALE
GENERAL INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-24732	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24732	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-24732	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24740

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24740	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24740	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-24740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24759

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24759	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24767

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL FIRE AND MARINE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24767	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24767	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-24767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24775

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL GUARDIAN INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24775	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24775	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24775	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24791

ANNUAL ASSESSMENT CONTACT PERSON
ST. PAUL MERCURY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24791	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24791	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24791	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24813

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
BALBOA INSURANCE COMPANY
5 PARK PLAZA, SUITE 500
MAIL STOP CA6-503-05-35
IRVINE, CA 92614-8525

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24813	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24813	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24821

ANNUAL ASSESSMENT CONTACT PERSON
MERITPLAN INSURANCE COMPANY
5 PARK PLAZA, SUITE 500
MAIL STOP CA6-503-05-35
IRVINE, CA 92614-8525



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24821	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-24821	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-24821	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24848

ANNUAL ASSESSMENT CONTACT PERSON
NEWPORT INSURANCE COMPANY
5 PARK PLAZA, SUITE 500
MAIL STOP CA6-503-05-35
IRVINE, CA 92614-8525



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-24848	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
MAP15-24848	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-24848	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			3,150.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24899

ANNUAL ASSESSMENT CONTACT PERSON
ALEA NORTH AMERICA INSURANCE COMPANY
55 CAPITAL BOULEVARD
ROCKY HILL, CT 06067

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24899	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24899	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24961

ANNUAL ASSESSMENT CONTACT PERSON
EVERSPAN FINANCIAL GUARANTEE CORP.
ONE STATE STREET PLAZA, 15TH FLOOR
NEW YORK, NY 10004

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24961	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
24988

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY INSURANCE A MUTUAL COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-24988	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-24988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-24988	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25011

CATHY MAXIN
WESCO INSURANCE COMPANY
5800 LIMARDO CTR, SUITE 200
CLEVELAND, OH 44131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25011	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25011	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25011	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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- OR**
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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25054

ANNUAL ASSESSMENT CONTACT PERSON
HUDSON INSURANCE COMPANY
100 WILLIAM STREET, 5TH FLOOR
NEW YORK, NY 10038

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25054	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25054	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25070

ANNUAL ASSESSMENT CONTACT PERSON
CLEARWATER INSURANCE COMPANY
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25070	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25070	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25089

ANNUAL ASSESSMENT CONTACT PERSON
COAST NATIONAL INSURANCE COMPANY
5701 STIRLING ROAD
DAVIE, FL 33314

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25089	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25089	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25127

ANNUAL ASSESSMENT CONTACT PERSON
STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25127	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25135

ANNUAL ASSESSMENT CONTACT PERSON
STATE AUTOMOBILE MUTUAL INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215-3976

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-25135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-25135	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25143

BETH JOEL MILLER, FIN MGR
STATE FARM FIRE AND CASUALTY COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, IL 61710-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-25143	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25143	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-25143	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25151

BETH JOEL MILLER, FIN MGR
STATE FARM GENERAL INSURANCE COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, IL 61710-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25151	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25151	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25151	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25178

BETH JOEL MILLER, FIN MGR
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, IL 61710

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25178	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25178	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25180

ANNUAL ASSESSMENTS
STILLWATER INSURANCE COMPANY
P. O. BOX 45126
JACKSONVILLE, FL 32232-5126

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25180	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25186

ANNUAL ASSESSMENT CONTACT PERSON
EMC PROPERTY & CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA 50303-0712



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25186	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25186	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25232

ATTN: COMPLIANCE
21ST CENTURY ADVANTAGE INSURANCE COMPANY
3 BEAVER VALLEY ROAD, 21ST CENTURY PLAZA
WILMINGTON, DE 19803-1115



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-25232	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-25232	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25240

ANNUAL ASSESSMENT CONTACT PERSON
NAU COUNTRY INSURANCE COMPANY
7333 SUNWOOD DRIVE
RAMSEY, MN 55303-5119



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25240	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25321

CATHY MADDEN
METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURAN
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25321	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25321	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25364

ANNUAL ASSESSMENT CONTACT PERSON
SWISS REINSURANCE AMERICA CORPORATION
175 KING STREET
ARMONK, NY 10504



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25364	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25364	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25364	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25402

FAB GARCIA
EMPLOYERS ASSURANCE COMPANY
P.O. BOX 88806
NORTH PALM BEACH, FL 33408-8806



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25402	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25405

ANNUAL ASSESSMENT CONTACT PERSON
SAFE AUTO INSURANCE COMPANY
4 EASTON OVAL
COLUMBUS, OH 43219-6010



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25405	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25405	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25422

ANNUAL ASSESSMENT CONTACT PERSON
ATRADIUS TRADE CREDIT INSURANCE, INC.
230 SCHILLING CIRCLE, SUITE 240
HUNT VALLEY, MD 21031-8643

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25422	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25422	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25445

ANNUAL ASSESSMENT CONTACT PERSON
IRONSHORE SPECIALTY INSURANCE COMPANY
P.O. BOX 3407
NEW YORK, NY 10008



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25445	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-25445	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
MAP15-25445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			8,400.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25453

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25453	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25496

EVETTE ASSESSMENT
TORUS NATIONAL INSURANCE COMPANY
HARBORSIDE FINANCIAL CENTER
PLAZA 5, SUITE 2600
JERSEY CITY, NJ 07311



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25496	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-25496	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25518

ATTN: STATUTORY DEPT ASSESSMENT
FAIRMONT PREMIER INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NH 03101

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25518	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-25518	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25534

ATTN: STATUTORY DEPT ASSESSMENT
TIG INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NH 03101

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25534	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-25534	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25550

ANNUAL ASSESSMENT CONTACT PERSON
INDEMNITY COMPANY OF CALIFORNIA
P.O. BOX 19725
IRVINE, CA 92623



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25550	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25585

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25585	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25585	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25615

ANNUAL ASSESSMENT CONTACT PERSON
CHARTER OAK FIRE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25615	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25615	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25623

ANNUAL ASSESSMENT CONTACT PERSON
PHOENIX INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25623	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25658

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS INDEMNITY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25658	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-25658	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25666

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS INDEMNITY COMPANY OF AMERICA, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25666	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25666	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25674

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25674	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25674	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25682

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-25682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25682	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-25682	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25712

ANNUAL ASSESSMENT CONTACT PERSON
ESURANCE INSURANCE COMPANY
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-25712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-25712	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25747

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25747	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-25747	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25747	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25755

ANNUAL ASSESSMENT CONTACT PERSON
PEACHTREE CASUALTY INSURANCE COMPANY
350 10TH AVENUE, SUITE 1400
SAN DIEGO, CA 92101

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25755	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25755	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25763

ANNUAL ASSESSMENT CONTACT PERSON
SEATON INSURANCE COMPANY
475 KILVERT STREET, SUITE 330
WARWICK, RI 02886

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25763	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-25763	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25763	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25771

ANNUAL ASSESSMENT CONTACT PERSON
CIFG ASSURANCE NORTH AMERICA, INC.
850 THIRD AVENUE, 10TH FLOOR
NEW YORK, NY 10022

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25771	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25780

ANNUAL ASSESSMENT CONTACT PERSON
WILLIAMSBURG NATIONAL INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-25780	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-25780	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25798

ANNUAL ASSESSMENT CONTACT PERSON
UNIGARD INDEMNITY COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25798	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25798	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25844

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25844	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25879

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.
385 WASHINGTON STREET
ST. PAUL, MN 55102

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25879	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-25879	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-25879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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- 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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25887

ANNUAL ASSESSMENT CONTACT PERSON
UNITED STATES FIDELITY AND GUARANTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-25887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25887	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-25887	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25895

ANNUAL ASSESSMENT CONTACT PERSON
UNITED STATES LIABILITY INSURANCE COMPANY
P.O. BOX 6700
1190 DEVON PARK DRIVE
WAYNE, PA 19087-2191

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-25895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-25895	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25933

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL SURETY COMPANY
P.O. BOX 80468
LINCOLN, NE 68501

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25933	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25941

ANNUAL ASSESSMENT CONTACT PERSON
UNITED SERVICES AUTOMOBILE ASSOCIATION
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25941	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25968

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25968	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
25976

ANNUAL ASSESSMENT CONTACT PERSON
UTICA MUTUAL INSURANCE COMPANY
P.O. BOX 530
UTICA, NY 13503



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-25976	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-25976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-25976	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26042

HELEN VALE
WAUSAU UNDERWRITERS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26042	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-26042	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-26042	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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INSURANCE DEPARTMENT ASSESSMENT

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26050

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26050	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26069

HELEN VALE
WAUSAU BUSINESS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26069	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26077

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
LANCER INSURANCE COMPANY
370 WEST PARK AVENUE
P.O. BOX 9004
LONG BEACH, NY 11561-9004

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26077	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26085

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26085	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26085	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26093

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-26093	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-26093	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-26093	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26220

ANNUAL ASSESSMENT CONTACT PERSON
YOSEMITE INSURANCE COMPANY
P.O. BOX 159
EVANSVILLE, IN 47701-0159



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-26220	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-26220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-26220	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26247

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
1400 AMERICAN LANE, TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26247	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-26247	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-26247	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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- OR**
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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26298

CATHY MADDEN
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COM
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26298	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26298	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26310

ANNUAL ASSESSMENT CONTACT PERSON
GRANITE RE, INC.
14001 QUAILBROOK DRIVE
OKLAHOMA CITY, OK 73134



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26310	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26344

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-26344	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-26344	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26379

ANNUAL ASSESSMENT CONTACT PERSON
ACCREDITED SURETY AND CASUALTY COMPANY, INC.
P.O. BOX 140855
ORLANDO, FL 32814-0855

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-26379	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-26379	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26395

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN HOME INSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26395	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26395	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26433

PAMELA D LONGSON
HARCO NATIONAL INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC 27605



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26433	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26492

ANNUAL ASSESSMENT CONTACT PERSON
COURTESY INSURANCE COMPANY
190 NORTHWEST 12TH AVENUE
DEERFIELD BEACH, FL 33442



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26492	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26492	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26565

ANNUAL ASSESSMENT CONTACT PERSON
OHIO INDEMNITY COMPANY
250 EAST BROAD STREET, 7TH FLOOR
COLUMBUS, OH 43215



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26565	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26565	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26581

ANNUAL ASSESSMENT CONTACT PERSON
INDEPENDENCE AMERICAN INSURANCE COMPANY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022-5872

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26581	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-26581	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-26581	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26611

ATTN: STATUTORY DEPT ATTN: STATUTORY DEPT
VALIANT INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NH 03101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26611	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-26611	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-26611	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26654

JONLEE M BROWN
GREAT NORTHWEST INSURANCE COMPANY
332 MINNESOTA STREET, SUITE W 1800
ST. PAUL, MN 55101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26654	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26654	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26662

MARILYN BEYER
MILWAUKEE CASUALTY INSURANCE CO.
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FL 32256

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26662	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26662	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26697

ANNUAL ASSESSMENT CONTACT PERSON
CASUALTY UNDERWRITERS INSURANCE COMPANY
P.O. BOX 9510
WICHITA, KS 67277-0510

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26697	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26697	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26700

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26700	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-26700	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26794

ANNUAL ASSESSMENT CONTACT PERSON
PLANS' LIABILITY INSURANCE COMPANY
TWO MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181-4712



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26794	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26832

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26832	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26832	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26905

ANNUAL ASSESSMENT CONTACT PERSON
CENTURY-NATIONAL INSURANCE COMPANY
P.O. BOX 3999
NORTH HOLLYWOOD, CA 91609-9990

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26905	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26905	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26921

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26921	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-26921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-26921	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
26999

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY MORTGAGE INDEMNITY COMPANY
P.O. BOX 20597
GREENSBORO, NC 27420-0597

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-26999	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27073

ANNUAL ASSESSMENT CONTACT PERSON
NIPPONKOA INSURANCE COMPANY, LIMITED (U.S. BRANCH)
14 WALL STREET, 8TH FLOOR
NEW YORK, NY 10005

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27073	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27073	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27081

ANNUAL ASSESSMENT CONTACT PERSON
BOND SAFEGUARD INSURANCE COMPANY
12890 LEBANON ROAD
MOUNT JULIET, TN 37122-2870

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27081	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27090

ANNUAL ASSESSMENT CONTACT PERSON
YOUNG AMERICA INSURANCE COMPANY
1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27090	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27090	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27120

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT
TRUMBULL INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27120	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-27120	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-27120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27138

ANNUAL ASSESSMENT CONTACT PERSON
MIDVALE INDEMNITY COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27138	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-27138	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-27138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27154

Enter your NAIC number on your payment.

ATTN: TAX DEPT. - ASSESSMENT
ATLANTIC SPECIALTY INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27154	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-27154	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-27154	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27251

ANNUAL ASSESSMENT CONTACT PERSON
PMI MORTGAGE INSURANCE CO.
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP, INC.
WALNUT CREEK, CA 94597-2098



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-27251	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
FRA15-27251	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			23,200.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27464

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY
P.O. BOX M
SAN MATEO, CA 94402-0080



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27464	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27499

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
SOUTHWEST GENERAL INSURANCE COMPANY
P.O. BOX 1377
701 WEST COAL AVENUE
GALLUP, NM 87305

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27499	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27502

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN GENERAL INSURANCE COMPANY
5230 LAS VIRGENES ROAD, SUITE 100
CALABASAS, CA 91302



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27502	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27502	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27626

ANNUAL ASSESSMENT CONTACT PERSON
FIRSTCOMP INSURANCE COMPANY
P.O. BOX 3009
OMAHA, NE 68103-0009

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-27626	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-27626	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27740

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27740	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27804

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27804	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27812

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIA INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27812	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-27812	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-27812	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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- B: Send this assessment document with your check, money order or cashier's check payable to:
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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27847

ANNUAL ASSESSMENT CONTACT PERSON
INSURANCE COMPANY OF THE WEST
P.O. BOX 85563
SAN DIEGO, CA 92186-5563

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27847	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27855

ANNUAL ASSESSMENT CONTACT PERSON
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-27855	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-27855	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27871

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN AGRICULTURAL INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-27871	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-27871	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-27871	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27928

ANNUAL ASSESSMENT CONTACT PERSON
AMEX ASSURANCE COMPANY
20022 NORTH 31ST AVENUE, MC 08-01-20
P.O. BOX 53701
PHOENIX, AZ 85027



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27928	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27928	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-27928	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27944

HELEN VALE
NATIONAL INSURANCE ASSOCIATION
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27944	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27944	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
27998

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-27998	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-27998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28053



Enter your NAIC number on your payment.

ANNUAL ASSESSMENT
ROCKHILL INSURANCE COMPANY
700 WEST 47TH STREET, SUITE 350
KANSAS CITY, MO 64112

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28053	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28053	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FSF15-28053	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
HCA15-28053	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			5,525.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28188

ANNUAL ASSESSMENT CONTACT PERSON
TRAVCO INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28188	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28207

ANNUAL ASSESSMENT CONTACT PERSON
ANTHEM INSURANCE COMPANIES, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204-4903



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28207	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28207	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-28207	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28223

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28223	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28223	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28258

ANNUAL ASSESSMENT CONTACT PERSON
CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-28258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-28258	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28304

ANNUAL ASSESSMENT CONTACT PERSON
FEDERATED SERVICE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-28304	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-28304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-28304	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28339

ANNUAL ASSESSMENT CONTACT PERSON
GATEWAY INSURANCE COMPANY
150 NORTHWEST POINT BOULEVARD, 3RD FLOOR
ELK GROVE VILLAGE, IL 60007

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28339	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28401

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
1949 EAST SUNSHINE
SPRINGFIELD, MO 65899-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28401	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28401	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-28401	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28452

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC MORTGAGE INSURANCE COMPANY
P.O. BOX 2514
WINSTON-SALEM, NC 27102



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28452	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28460

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481-8020



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-28460	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-28460	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28497

ANNUAL ASSESSMENT CONTACT PERSON
USPLATE GLASS INSURANCE COMPANY
ONE WESTBROOK CORPORATE CENTER, SUITE 320
WESTCHESTER, IL 60154

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28497	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28497	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28649

ANNUAL ASSESSMENT CONTACT PERSON
EASTERN ATLANTIC INSURANCE COMPANY
5300 DERRY STREET
HARRISBURG, PA 17111



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28649	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28665

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28665	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-28665	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28746

ANNUAL ASSESSMENT CONTACT PERSON
EQUITY INSURANCE COMPANY
4315 LAKESHORE DRIVE, SUITE J
WACO, TX 76710



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28746	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28860

ANNUAL ASSESSMENT CONTACT PERSON
RLI INDEMNITY COMPANY
9025 NORTH LINDBERGH DRIVE
PEORIA, IL 61615



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28860	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28886

KEN SIFFORD
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
702 OBERLIN ROAD
C/O IAT REINSURANCE COMP LTD
RALEIGH, NC 27605

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28886	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
28932

ANNUAL ASSESSMENT CONTACT PERSON
MARKEL AMERICAN INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-28932	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-28932	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29017

ANNUAL ASSESSMENT CONTACT PERSON
PROFESSIONALS ADVOCATE INSURANCE COMPANY
225 INTERNATIONAL CIRCLE
HUNT VALLEY, MD 21030



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29017	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29017	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29033

ANNUAL ASSESSMENT CONTACT PERSON
ATAIN INSURANCE COMPANY
30833 NORTHWESTERN HIGHWAY, SUITE 220
FARMINGTON HILLS, MI 48334



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29033	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-29033	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-29033	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29068

ANNUAL ASSESSMENT CONTACT PERSON
IDS PROPERTY CASUALTY INSURANCE COMPANY
3500 PACKERLAND DRIVE
DEPERE, WI 54115-9070

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-29068	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-29068	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-29068	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29114

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT
ARCH MORTGAGE ASSURANCE COMPANY
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP INC
WALNUT CREEK, CA 94597-2098

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29114	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29157

ANNUAL ASSESSMENT CONTACT PERSON
UNITED WISCONSIN INSURANCE COMPANY
P.O. BOX 3026
MILWAUKEE, WI 53201-3026



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-29157	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-29157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-29157	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29424

Enter your NAIC number on your payment.

ANNUAL ASSESSMENTS
HARTFORD CASUALTY INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29424	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-29424	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-29424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29440

ANNUAL ASSESSMENT CONTACT PERSON
MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPA
P.O. BOX 1348
LARAMIE, WY 82073-1348

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29440	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29440	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29459

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT
TWIN CITY FIRE INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-29459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-29459	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-29459	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29513

ANNUAL ASSESSMENT CONTACT PERSON
BAR PLAN MUTUAL INSURANCE COMPANY, THE
1717 HIDDEN CREEK COURT
ST. LOUIS, MO 63131

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29513	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29530

ANNUAL ASSESSMENT CONTACT PERSON
AXA ART INSURANCE CORPORATION
3 WEST 35TH STREET, 11TH FLOOR
NEW YORK, NY 10001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29530	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29580

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29580	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29599

ANNUAL ASSESSMENT CONTACT PERSON
U.S. SPECIALTY INSURANCE COMPANY
13403 NORTHWEST FREEWAY
HOUSTON, TX 77040-6094

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-29599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-29599	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-29599	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29688

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-29688	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-29688	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29688	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29700

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN ELITE INSURANCE COMPANY
650 ELM STREET
MANCHESTER, NH 03101-2524



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29700	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-29700	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29742

ANNUAL ASSESSMENT CONTACT PERSON
INTEGON NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29742	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29742	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29793

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC STAR INSURANCE COMPANY
P.O. BOX 509020
SAN DIEGO, CA 92150-9020



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-29793	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-29793	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29807

ANNUAL ASSESSMENT CONTACT PERSON
PXRE REINSURANCE COMPANY
379 THORNALL STREET, 2ND FLOOR
EDISON, NJ 08837

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29807	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-29807	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29823

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH RESIDENTIAL MORTGAGE INSURANCE CORP. OF
8325 SIX FORKS ROAD
RALEIGH, NC 27615

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29823	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29858

ANNUAL ASSESSMENT CONTACT PERSON
MORTGAGE GUARANTY INSURANCE CORPORATION
P.O. BOX 756
MILWAUKEE, WI 53201

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29858	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29874

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN SPECIALTY INSURANCE COMPANY
650 ELM STREET, 6TH FLOOR
MANCHESTER, NH 03101-2596

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29874	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29874	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-29874	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29890

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29890	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-29890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29980

ANNUAL ASSESSMENT CONTACT PERSON
FIRST COLONIAL INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224-6688

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-29980	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-29980	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
29998

ANNUAL ASSESSMENT CONTACT PERSON
UPPER HUDSON NATIONAL INSURANCE COMPANY
4446 STATE ROUTE 42, SUITE B
MONTICELLO, NY 12701

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-29998	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30007

ATTN: STATUTORY DEPT ATTN: STATUTORY DEPT
GENERAL FIDELITY INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NH 03101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30007	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-30007	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-30007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30058

ANNUAL ASSESSMENT CONTACT PERSON
SCOR REINSURANCE COMPANY
199 WATER STREET, 21ST FLOOR
NEW YORK, NY 10038



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30058	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-30058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30104

Enter your NAIC number on your payment.

ANNUAL ASSESSMENTS
HARTFORD UNDERWRITERS INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30104	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-30104	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-30104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30120

ANNUAL ASSESSMENT CONTACT PERSON
ZNAT INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA 91367-5021

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-30120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-30120	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30180

ANNUAL ASSESSMENT CONTACT PERSON
ASSURED GUARANTY CORP.
31 WEST 52ND STREET
NEW YORK, NY 10019



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-30180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-30180	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30210

ANNUAL ASSESSMENT CONTACT PERSON
ESURANCE PROPERTY AND CASUALTY INSURANCE COMPAN
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30210	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-30210	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30279

ANNUAL ASSESSMENT CONTACT PERSON
BOSTON INDEMNITY COMPANY, INC.
21 HIGH STREET, SUITE 208B
NORTH ANDOVER, MA 01845

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30279	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30325

ANNUAL ASSESSMENT CONTACT PERSON
ZALE INDEMNITY COMPANY
P.O. BOX 152762
IRVING, TX 75015-2762

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-30325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-30325	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30830

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30830	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-30830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30872

ANNUAL ASSESSMENT CONTACT PERSON
RADIAN MORTGAGE ASSURANCE INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103-2337

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30872	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
30945

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-30945	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-30945	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31003

ANNUAL ASSESSMENT CONTACT PERSON
TRI-STATE INSURANCE COMPANY OF MINNESOTA
P.O. BOX 1594
DES MOINES, IA 50306-1594



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-31003	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-31003	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31003	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31089

ANNUAL ASSESSMENT CONTACT PERSON
REPWEST INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004-1163

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-31089	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
HCA15-31089	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-31089	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-31089	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			8,525.00

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INSURANCE DEPARTMENT ASSESSMENT

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31119

ANNUAL ASSESSMENT CONTACT PERSON
MEDICO INSURANCE COMPANY
P.O. BOX 10386
DES MOINES, IA 50306-0386



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31119	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-31119	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31135

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-31135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-31135	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31194

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-31194	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-31194	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31194	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31208

ANNUAL ASSESSMENT CONTACT PERSON
OAKWOOD INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT 06033-5018



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31208	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-31208	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31232

ANNUAL ASSESSMENT CONTACT PERSON
WORK FIRST CASUALTY COMPANY
3521 SILVERSIDE ROAD, QUILLEN BUILDING, SUITE 2E
WILMINGTON, DE 19810

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31232	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31275

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTH CAR
P.O. BOX 2514
WINSTON-SALEM, NC 27102

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31275	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31325

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ACADIA INSURANCE COMPANY
P.O. BOX 9010
ONE ACADIA COMMONS
WESTBROOK, ME 04098-5010

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31325	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31348

Enter your NAIC number on your payment.

KATHLEEN MACKEY
CRUM & FORSTER INDEMNITY COMPANY
SR. TAX ACCOUNTANT
305 MADISON AVENUE
MORRISTOWN, NJ 07962

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31348	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31380

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SURETY COMPANY
250 EAST 96TH STREET, SUITE 202
INDIANAPOLIS, IN 46240

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31380	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31453

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL PACIFIC INSURANCE COMPANY
3880 ATHERTON ROAD
ROCKLIN, CA 95765



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31453	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31470

ANNUAL ASSESSMENT CONTACT PERSON
NORGUARD INSURANCE COMPANY
P.O. BOX A-H
16 SOUTH RIVER STREET
WILKES-BARRE, PA 18703-0020



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31470	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-31470	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-31470	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31534

ANNUAL ASSESSMENT CONTACT PERSON
CITIZENS INSURANCE COMPANY OF AMERICA
808 HIGHLANDER WAY
HOWELL, MI 48843

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31534	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31550

ANNUAL ASSESSMENT CONTACT PERSON
HAULERS INSURANCE COMPANY, INC.
P.O. BOX 270
COLUMBIA, TN 38402-0270

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-31550	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-31550	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31887

ANNUAL ASSESSMENT CONTACT PERSON
COFACE NORTH AMERICA INSURANCE COMPANY
50 MILLSTONE ROAD, BUILDING 100, SUITE 360
EAST WINDSOR, NJ 08520

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31887	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31895

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN INTERSTATE INSURANCE COMPANY
2301 HIGHWAY 190 WEST
DERIDDER, LA 70634-6005

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31895	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31925

ANNUAL ASSESSMENT CONTACT PERSON
STONEWOOD NATIONAL INSURANCE COMPANY
6131 FALLS OF NEUSE ROAD, SUITE 306
RALEIGH, NC 27609

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31925	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-31925	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-31925	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
31968

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-31968	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-31968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32077

ANNUAL ASSESSMENT CONTACT PERSON
HERITAGE CASUALTY INSURANCE COMPANY
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-32077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-32077	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-32077	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32174

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA
P.O. BOX 2514
WINSTON-SALEM, NC 27102

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32174	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32190

ANNUAL ASSESSMENT CONTACT PERSON
CONSTITUTION INSURANCE COMPANY
P.O. BOX 8424
OMAHA, NE 68108-8424

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32190	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-32190	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-32190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32220

ATTN: COMPLIANCE
21ST CENTURY NORTH AMERICA INSURANCE COMPANY
3 BEAVER VALLEY ROAD, 21ST CENTURY PLAZA
WILMINGTON, DE 19803-1115



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-32220	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-32220	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32271

ANNUAL ASSESSMENT CONTACT PERSON
FREESTONE INSURANCE COMPANY
5501 LBJ FREEWAY, SUITE 1200
DALLAS, TX 75240



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-32271	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-32271	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32280

ANNUAL ASSESSMENT CONTACT PERSON
COMMERCIAL CASUALTY INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32280	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32301

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32301	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-32301	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-32301	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32352

HELEN VALE
LM PROPERTY AND CASUALTY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32352	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-32352	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-32352	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32433

ANNUAL ASSESSMENT CONTACT PERSON
MEDICAL INSURANCE EXCHANGE OF CALIFORNIA
6250 CLAREMONT AVENUE
OAKLAND, CA 94618-1324

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-32433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-32433	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32450

ANNUAL ASSESSMENT CONTACT PERSON
ALPS PROPERTY & CASUALTY INSURANCE COMPANY
111 NORTH HIGGINS AVENUE, SUITE 200
MISSOULA, MT 59802



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-32450	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-32450	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32603

ANNUAL ASSESSMENT CONTACT PERSON
BERKLEY INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-32603	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-32603	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-32603	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32620

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL INTERSTATE INSURANCE COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-32620	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-32620	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32700

ANNUAL ASSESSMENT CONTACT PERSON
OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32700	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32760

ANNUAL ASSESSMENT CONTACT PERSON
LIBERTY AMERICAN SELECT INSURANCE COMPANY
ONE BALA PLAZA, SUITE 100
BALA CYNWYD, PA 19004-1403



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32760	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32760	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32778

ANNUAL ASSESSMENT CONTACT PERSON
WASHINGTON INTERNATIONAL INSURANCE COMPANY
475 NORTH MARTINGALE ROAD, SUITE 850
SCHAUMBURG, IL 60173

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32778	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32778	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-32778	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32786

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE SPECIALTY INSURANCE COMPANY
6300 WILSON MILLS ROAD, W33
MAYFIELD VILLAGE, OH 44143-2182

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32786	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32786	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32832

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL INSURANCE COMPANY OF ARIZONA
2602 EAST THOMAS ROAD
PHOENIX, AZ 85016



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-32832	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FSF15-32832	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
FRA15-32832	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			23,400.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32859

BARB HALLAR
PENN-AMERICA INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32859	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
32867

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-32867	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-32867	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33014

ANNUAL ASSESSMENT
TRANSPORT INSURANCE COMPANY
101 SUMMER STREET, 5TH FLOOR
BOSTON, MA 02110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33014	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-33014	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-33014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33022

ANNUAL ASSESSMENT CONTACT PERSON
AXA INSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY 10004

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-33022	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-33022	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-33022	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33162

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS INSURANCE COMPANY
P.O BOX 15707
ST. PETERSBURG, FL 33733

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33162	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33162	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33200

ANNUAL ASSESSMENT CONTACT PERSON
NORCAL MUTUAL INSURANCE COMPANY
560 DAVIS STREET, SUITE 200
SAN FRANCISCO, CA 94111-1966



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-33200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-33200	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33383

ANNUAL ASSESSMENT CONTACT PERSON
FIRST PROFESSIONALS INSURANCE COMPANY, INC.
1000 RIVERSIDE AVENUE, SUITE 800
JACKSONVILLE, FL 32204

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33383	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33383	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33391

ANNUAL ASSESSMENT CONTACT PERSON
PROASSURANCE INDEMNITY COMPANY, INC.
P.O. BOX 590009
BIRMINGHAM, AL 35259-0009

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33391	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33499

ANNUAL ASSESSMENT CONTACT PERSON
DORINCO REINSURANCE COMPANY
1320 WALDO AVENUE, SUITE 200
DORINCO CENTER
MIDLAND, MI 48642



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33499	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33588

HELEN VALE
FIRST LIBERTY INSURANCE CORPORATION, THE
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-33588	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-33588	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-33588	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33600

HELEN VALE
LM INSURANCE CORPORATION
9450 SEWARD ROAD
FAIRFIELD, OH 45014

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33600	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-33600	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-33600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33650

ANNUAL ASSESSMENT CONTACT PERSON
MENDOTA INSURANCE COMPANY
P.O. BOX 64586
ST. PAUL, MN 55164-0586



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33650	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33650	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33715

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC CREDIT INDEMNITY COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33715	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33715	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33723

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-33723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-33723	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-33723	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33790

ANNUAL ASSESSMENT CONTACT PERSON
RADIAN GUARANTY INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33790	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33855

ANNUAL ASSESSMENT
LINCOLN GENERAL INSURANCE COMPANY
P.O. BOX 3709
YORK, PA 17402

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33855	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33898

ANNUAL ASSESSMENT CONTACT PERSON
AEGIS SECURITY INSURANCE COMPANY
P.O. BOX 3153
HARRISBURG, PA 17105

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33898	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-33898	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-33898	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33944

ANNUAL ASSESSMENT CONTACT PERSON
RADIAN MORTGAGE INSURANCE INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-33944	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
33987

ANNUAL ASSESSMENT CONTACT PERSON
ADM INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-33987	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-33987	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
MAP15-33987	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-33987	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			8,525.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34002

ANNUAL ASSESSMENT CONTACT PERSON
TRANS CITY CASUALTY INSURANCE COMPANY
7500 EAST MCDONALD DRIVE, SUITE 700
SCOTTSDALE, AZ 85250-6055

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34002	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34002	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FSF15-34002	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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- 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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34037

ANNUAL ASSESSMENT CONTACT PERSON
HALLMARK INSURANCE COMPANY
777 MAIN STREET, SUITE 1000
FORT WORTH, TX 76102

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-34037	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
FRA15-34037	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34037	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-34037	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			8,525.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34045

ANNUAL ASSESSMENT CONTACT PERSON
DALLAS MECHANICAL INSURANCE COMPANY
5729 WEST LIBBY STREET
GLENDALE, AZ 85308

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34045	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34274

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL STATES INDEMNITY CO. OF OMAHA
P.O. BOX 34888
OMAHA, NE 68134-0888



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-34274	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-34274	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-34274	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34312

ANNUAL ASSESSMENT CONTACT PERSON
PRODUCERS AGRICULTURE INSURANCE COMPANY
P.O. BOX 229
AMARILLO, TX 79105-0229

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34312	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34339

CATHY MADDEN
METROPOLITAN GROUP PROPERTY AND CASUALTY INSURAN
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34339	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34347

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
1400 AMERICAN LANE
TOWER 1, 19TH FLOOR
SCHAUMBURG, IL 60196-1056



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34347	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34460



Enter your NAIC number on your payment.

ATTN: TAX DEPT. - ASSESSMENT
AUTOONE INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34460	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34479

ANNUAL ASSESSMENT CONTACT PERSON
MAIDSTONE INSURANCE COMPANY
155 MINEOLA BOULEVARD
MINEOLA, NY 11501



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34479	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34479	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34495

ANNUAL ASSESSMENT CONTACT PERSON
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE
P.O. BOX 2900
185 GREENWOOD ROAD
NAPA, CA 94558-0900

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-34495	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-34495	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-34495	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34525

ANNUAL ASSESSMENT CONTACT PERSON
FIRST AMERICAN SPECIALTY INSURANCE COMPANY
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34525	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34525	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34630

ANNUAL ASSESSMENT CONTACT PERSON
OAK RIVER INSURANCE COMPANY
3333 FARNAM STREET, SUITE 300
OMAHA, NE 68131



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34630	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34630	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34649

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
CENTRE INSURANCE COMPANY
ONE LIBERTY PLAZA
165 BROADWAY, 33RD FLOOR
NEW YORK, NY 10006-1466

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34649	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-34649	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34690

ANNUAL ASSESSMENT
PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34690	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-34690	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34711

ANNUAL ASSESSMENT CONTACT PERSON
COMPUTER INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-34711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-34711	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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

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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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34738

ANNUAL ASSESSMENT CONTACT PERSON
ARAG INSURANCE COMPANY
400 LOCUST STREET, SUITE 480
DES MOINES, IA 50309

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34738	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34762

ANNUAL ASSESSMENT CONTACT PERSON
SUNZ INSURANCE COMPANY
7405 NORTH TAMiami TRAIL
SARASOTA, FL 34243



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34762	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34762	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34789

ATTN: COMPLIANCE
21ST CENTURY CENTENNIAL INSURANCE COMPANY
3 BEAVER VALLEY ROAD, 21ST CENTURY PLAZA
WILMINGTON, DE 19803-1115

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-34789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-34789	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-34789	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34860

ANNUAL ASSESSMENT CONTACT PERSON
INTERNATIONAL CREDIT OF NORTH AMERICA REINSURANCE I
P.O. BOX 460
COLUMBUS, NJ 080220135

 Enter your NAIC 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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34886

ANNUAL ASSESSMENT CONTACT PERSON
AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA
475 NORTH MARTINGALE ROAD, SUITE 330
SCHAUMBURG, IL 60173-2275

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34886	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34894

ANNUAL ASSESSMENT
TRENWICK AMERICA REINSURANCE CORPORATION
1499 POST ROAD 2ND FLOOR
FAIRFIELD, CT 06824

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-34894	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-34894	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
34924

ANNUAL ASSESSMENT CONTACT PERSON
DAKOTA TRUCK UNDERWRITERS
P.O. BOX 89310
SIOUX FALLS, SD 57109-9310

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-34924	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-34924	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35009

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL CASUALTY & SURETY, INC.
3131 EASTSIDE, SUITE 600
HOUSTON, TX 77098

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35009	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35157

ANNUAL ASSESSMENT CONTACT PERSON
FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-35157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-35157	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-35157	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35181

ATTN: TAX DEPT TAX DEPT
EXECUTIVE RISK INDEMNITY INC.
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-35181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-35181	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35246

ANNUAL ASSESSMENT CONTACT PERSON
ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35246	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35246	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35289

Enter your NAIC number on your payment.

ATTN: BB&A AND OTHER TAXES - 28S
CONTINENTAL INSURANCE COMPANY, THE
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35289	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35289	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-35289	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35300

ANNUAL ASSESSMENT CONTACT PERSON
ALLIANZ GLOBAL RISKS US INSURANCE COMPANY
225 WEST WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35300	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35319

ANNUAL ASSESSMENT CONTACT PERSON
UNITED AUTOMOBILE INSURANCE COMPANY
1313 NORTHWEST 167TH STREET
MIAMI GARDENS, FL 33169-5739



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35319	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35386

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY AND GUARANTY INSURANCE COMPANY
385 WASHINGTON STREET
ST. PAUL, MN 55102



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35386	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35386	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35408

ANNUAL ASSESSMENT CONTACT PERSON
IMPERIUM INSURANCE COMPANY
800 GESSNER, SUITE 600
HOUSTON, TX 77024

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-35408	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-35408	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-35408	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35416

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
U.S. UNDERWRITERS INSURANCE COMPANY
P.O. BOX 6700
1190 DEVON PARK DRIVE
WAYNE, PA 19087

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35416	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35416	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35424

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC SECURITY ASSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35424	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-35424	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
MAP15-35424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-35424	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,400.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35483

ANNUAL ASSESSMENT CONTACT PERSON
DAILY UNDERWRITERS OF AMERICA
P.O. BOX 39
CARLISLE, PA 17013



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35483	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-35483	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35505

ANNUAL ASSESSMENT CONTACT PERSON
ROCKWOOD CASUALTY INSURANCE COMPANY
654 MAIN STREET
ROCKWOOD, PA 15557



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35505	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35505	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35602

ANNUAL ASSESSMENT CONTACT PERSON
OHIC INSURANCE COMPANY
P.O. BOX 2900
NAPA, CA 94558-0900



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35602	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-35602	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-35602	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35769

ANNUAL ASSESSMENT CONTACT PERSON
LYNDON PROPERTY INSURANCE COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 400
ST LOUIS, MO 63017

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35769	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-35769	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-35769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35882

ANNUAL ASSESSMENT CONTACT PERSON
GEICO GENERAL INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-35882	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-35882	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-35882	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
35955

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF
P.O. BOX M
SAN MATEO, CA 94402-0080



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-35955	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-35955	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36048

ANNUAL ASSESSMENT CONTACT PERSON
UNIONE ITALIANA REINSURANCE COMPANY OF AMERICA, INC.
3024 HARNEY STREET
OMAHA, NE 68131-3580

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36048	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36064

ANNUAL ASSESSMENT CONTACT PERSON
HANOVER AMERICAN INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA 01653

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-36064	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-36064	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36137

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS COMMERCIAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-36137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-36137	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36145

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PERSONAL SECURITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36145	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36145	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36153

ANNUAL ASSESSMENT CONTACT PERSON
AETNA INSURANCE COMPANY OF CONNECTICUT
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36153	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36153	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36161

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36161	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36170

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY COMPANY OF CONNECTICUT
ONE TOWER SQUARE
HARTFORD, CT 06183

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36170	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36170	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36234

ANNUAL ASSESSMENT CONTACT PERSON
PREFERRED PROFESSIONAL INSURANCE COMPANY
P.O BOX 540658
OMAHA, NE 68154-0658

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36234	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36250

ANNUAL ASSESSMENT CONTACT PERSON
RADIAN ASSET ASSURANCE INC.
335 MADISON AVENUE, 25TH FLOOR
NEW YORK, NY 10017-4605

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36250	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36269

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-36269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-36269	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36307

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36307	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36340

ANNUAL ASSESSMENT CONTACT PERSON
CAMICO MUTUAL INSURANCE COMPANY
1800 GATEWAY DRIVE, SUITE 300
SAN MATEO, CA 94404



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36340	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36447

HELEN VALE
LM GENERAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36447	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-36447	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36455

ATTN: RESIDUAL MARKETS UNIT
NORTHBROOK INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, IL 60010-9300

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36455	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-36455	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-36455	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36463

ANNUAL ASSESSMENT CONTACT PERSON
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-36463	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-36463	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-36463	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36552

ANNUAL ASSESSMENT CONTACT PERSON
COLISEUM REINSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY 10004

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36552	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36560

ANNUAL ASSESSMENT CONTACT PERSON
SERVICE INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC 27605



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36560	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36560	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36587

ATTN: COMPLIANCE
21ST CENTURY NATIONAL INSURANCE COMPANY
3 BEAVER VALLEY ROAD, 21ST CENTURY PLAZA
WILMINGTON, DE 19803-1115

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36587	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-36587	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-36587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36650

ANNUAL ASSESSMENT
GUARANTEE COMPANY OF NORTH AMERICA USA, THE
ONE TOWNE SQUARE, SUITE 1470
SOUTHFIELD, MI 48076

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36650	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36650	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36684

ANNUAL ASSESSMENT CONTACT PERSON
RIVERPORT INSURANCE COMPANY
P.O. BOX 948
MINNEAPOLIS, MN 55440-0948



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36684	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-36684	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-36684	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36781

ANNUAL ASSESSMENT CONTACT PERSON
JOHN DEERE INSURANCE COMPANY
P.O. BOX 6680
6400 NORTHWEST 86TH STREET
JOHNSTON, IA 50131



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36781	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-36781	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-36781	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36790

ANNUAL ASSESSMENT CONTACT PERSON
SPRINGFIELD INSURANCE COMPANY
P.O. BOX 4193
874 SOUTH VILLAGE OAKS DRIVE
COVINA, CA 91724



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36790	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36790	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36897

ANNUAL ASSESSMENT CONTACT PERSON
MANUFACTURERS ALLIANCE INSURANCE COMPANY
P.O. BOX 3031
BLUE BELL, PA 19422-0754



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36897	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-36897	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36927

ANNUAL ASSESSMENT CONTACT PERSON
COLONY SPECIALTY INSURANCE COMPANY
P.O. BOX 469012
SAN ANTONIO, TX 78246-9012

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-36927	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-36927	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
36951

ANNUAL ASSESSMENT CONTACT PERSON
CENTURY SURETY COMPANY
P.O. BOX 163340
COLUMBUS, OH 43216-3340



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-36951	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-36951	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37001

ANNUAL ASSESSMENT CONTACT PERSON
ATX PREMIER INSURANCE COMPANY
800 OVERLOOK III, 2859 PACES FERRY ROAD
ATLANTA, GA 30339

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-37001	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-37001	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37060

ANNUAL ASSESSMENT CONTACT PERSON
OLD UNITED CASUALTY COMPANY
8500 SHAWNEE MISSION PKWY, SUITE 200, P.O. BOX 795
MERRIAM, KS 66201

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37060	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37060	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-37060	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37095

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH FINANCIAL ASSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37095	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37109

ANNUAL ASSESSMENT CONTACT PERSON
LANDCAR CASUALTY COMPANY
9350 SOUTH 150 EAST, SUITE 1000
SANDY, UT 84070



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37109	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37150

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-37150	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-37150	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
FRA15-37150	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			5,525.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37184

ANNUAL ASSESSMENT CONTACT PERSON
DEERFIELD INSURANCE COMPANY
TEN PARKWAY NORTH
DEERFIELD, IL 60015-2526



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37184	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37206

ANNUAL ASSESSMENT CONTACT PERSON
CONTRACTORS BONDING AND INSURANCE COMPANY
9025 NORTH LINDBERGH DRIVE
PEORIA, IL 61615



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37206	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37214

HELEN VALE
AMERICAN STATES PREFERRED INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37214	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37214	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37257

KAREN STEWART
PRAETORIAN INSURANCE COMPANY
STATUTORY ACCOUNTING
88 PINE ST, WALL ST PLAZA 16FL
NEW YORK, NY 10005



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37257	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-37257	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-37257	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37273

ANNUAL ASSESSMENT CONTACT PERSON
AXIS INSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-37273	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-37273	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37478

ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE MIDWEST
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CT 06155



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-37478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-37478	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37540

ANNUAL ASSESSMENT CONTACT PERSON
BEAZLEY INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 06032

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37540	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-37540	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37621

ANNUAL ASSESSMENT CONTACT PERSON
TOYOTA MOTOR INSURANCE COMPANY
19001 SOUTH WESTERN AVENUE, NF22
TORRANCE, CA 90501



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37621	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37648

ANNUAL ASSESSMENT CONTACT PERSON
PERMANENT GENERAL ASSURANCE CORPORATION
P.O. BOX 305054
NASHVILLE, TN 37230-5054

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37648	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37656

ANNUAL ASSESSMENT CONTACT PERSON
ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY
1000 RIVERSIDE AVENUE, SUITE 800
JACKSONVILLE, FL 32204-4101

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-37656	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-37656	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37710

ANNUAL ASSESSMENT CONTACT PERSON
FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMP
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37710	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37770

ANNUAL ASSESSMENT CONTACT PERSON
CSAA GENERAL INSURANCE COMPANY
3055 OAK ROAD, MAILSTOP W280
WALNUT CREEK, CA 94597-2098



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37770	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37800

ANNUAL ASSESSMENT CONTACT PERSON
LEADING INSURANCE GROUP INSURANCE CO., LTD.(U.S.BRAN
400 KELBY STREET, 15TH FLOOR
FORT LEE, NJ 07024

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37800	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37834

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE PREFERRED INSURANCE COMPANY
6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37834	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37834	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37850

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC SPECIALTY INSURANCE COMPANY
3601 HAVEN AVENUE
MENLO PARK, CA 94025-1033

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37850	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37850	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37869

ANNUAL ASSESSMENT CONTACT PERSON
PRE-PAID LEGAL CASUALTY, INC.
P.O. BOX 145
ADA, OK 74821



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37869	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37877

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37877	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37877	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-37877	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37885

ANNUAL ASSESSMENT CONTACT PERSON
XL SPECIALTY INSURANCE COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT 06902

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37885	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37907

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
51 W HIGGINS RD # 72A
SOUTH BARRINGTON, IL 60010-9300



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37907	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37907	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-37907	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37915

Enter your NAIC number on your payment.

ATTN: TAX DEPT. - ASSESSMENT
ESSENTIA INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MA 02021-1030

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37915	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37923

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
SEAWORTHY INSURANCE COMPANY
P.O. BOX 22674
880 SOUTH PICKETT STREET
ALEXANDRIA, VA 22304

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37923	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37923	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37931

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FARMERS & RANCHERS INSURANCE COMPANY
P.O. BOX 24000
800 NORTH HARVEY
OKLAHOMA CITY, OK 73124-4000

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37931	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-37931	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37940

ANNUAL ASSESSMENT CONTACT PERSON
LEXINGTON NATIONAL INSURANCE CORPORATION
P.O. BOX 6098
HUNT VALLEY, MD 21094

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37940	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37958

ANNUAL ASSESSMENT CONTACT PERSON
ACCEPTANCE INSURANCE COMPANY
300 WEST BROADWAY, SUITE 215
COUNCIL BLUFFS, IA 51503

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37958	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37958	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
37990

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN EMPIRE INSURANCE COMPANY
P.O. BOX 5370
CINCINNATI, OH 45201



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-37990	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-37990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38067

Enter your NAIC number on your payment.

CATHY MADDEN
ECONOMY PREFERRED INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38067	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38067	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38130

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PERSONAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38130	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38148

ANNUAL ASSESSMENT CONTACT PERSON
LANCER INDEMNITY COMPANY
P.O. BOX 9007
LONG BEACH, NY 11561-9007

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-38148	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-38148	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-38148	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38156

ANNUAL ASSESSMENT CONTACT PERSON
ALPHA PROPERTY & CASUALTY INSURANCE COMPANY
8360 LBJ FREEWAY, MAIL STOP 400
DALLAS, TX 75243

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38156	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38156	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38245

ANNUAL ASSESSMENT CONTACT PERSON
BCS INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-38245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-38245	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-38245	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38300

ANNUAL ASSESSMENT CONTACT PERSON
SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANC
85 CHALLENGER ROAD, 6TH FLOOR
RIDGEFIELD PARK, NJ 07660

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-38300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-38300	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38318

ANNUAL ASSESSMENT
STARR INDEMNITY & LIABILITY COMPANY
3333 LEE PARKWAY, STE 200
DALLAS, TX 75219

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38318	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-38318	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-38318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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INSURANCE DEPARTMENT ASSESSMENT

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38458

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH MORTGAGE INSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38458	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38490

ANNUAL ASSESSMENT CONTACT PERSON
ARIZONA HOME INSURANCE COMPANY
PO BOX 61775
PHOENIX, AZ 85082



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-38490	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-38490	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-38490	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38512

ANNUAL ASSESSMENT CONTACT PERSON
RAMPART INSURANCE COMPANY
80 BROAD STREET, SUITE 1600
NEW YORK, NY 10004-2246

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38512	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38601

ANNUAL ASSESSMENT CONTACT PERSON
MIC PROPERTY AND CASUALTY INSURANCE CORPORATION
300 GALLERIA OFFICENTRE, SUITE 200
MC 480-300-226
SOUTHFIELD, MI 48034



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38601	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38601	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38628

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE NORTHERN INSURANCE COMPANY
6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38628	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38628	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38636

ANNUAL ASSESSMENT CONTACT PERSON
PARTNER REINSURANCE COMPANY OF THE U.S.
ONE GREENWICH PLAZA
GREENWICH, CT 06830-6352



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38636	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38636	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-38636	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38652

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MODERN SELECT INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38652	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38660

ANNUAL ASSESSMENT CONTACT PERSON
MIC GENERAL INSURANCE CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38660	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-38660	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38733

ANNUAL ASSESSMENT CONTACT PERSON
ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
ANCHORAGE, AK 99502

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38733	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38733	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38776

ANNUAL ASSESSMENT CONTACT PERSON
SIRIUS AMERICA INSURANCE COMPANY
140 BROADWAY, 32ND FLOOR
NEW YORK, NY 10005

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38776	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38776	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-38776	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38865

ANNUAL ASSESSMENT CONTACT PERSON
CALIFORNIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38865	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-38865	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38873

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-38873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-38873	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38911

ANNUAL ASSESSMENT CONTACT PERSON
BERKLEY NATIONAL INSURANCE COMPANY
215 SHUMAN BOULEVARD, SUITE 200
NAPERVILLE, IL 60563



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-38911	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-38911	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38962

ANNUAL ASSESSMENT CONTACT PERSON
GENESIS INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38962	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-38962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-38962	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
38970

ANNUAL ASSESSMENT CONTACT PERSON
MARKEL INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-38970	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-38970	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-38970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39012

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39012	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39039

ANNUAL ASSESSMENT CONTACT PERSON
RURAL COMMUNITY INSURANCE COMPANY
3501 THURSTON AVENUE
ANOKA, MN 55303-1060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39039	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39098

ANNUAL ASSESSMENT CONTACT PERSON
OMNI INSURANCE COMPANY
P.O. BOX 105440
ATLANTA, GA 30348

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39098	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39152

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HEALTHCARE INDEMNITY COMPANY
1888 CENTURY PARK EAST, 8TH FLOOR
LOS ANGELES, CA 90067-1708



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39152	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39152	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39217

Enter your NAIC number on your payment.

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39217	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-39217	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39306

ANNUAL ASSESSMENT
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
1400 AMERICAN LANE, TOWER 2, 20TH FLOOR
SCHAUMBURG, IL 60196-1056

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39306	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39322

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL SECURITY NATIONAL INSURANCE COMPANY
199 WATER STREET, 21ST FLOOR
ONE SEAPORT PLAZA
NEW YORK, NY 10038-3526



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-39322	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-39322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-39322	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39527

ANNUAL ASSESSMENT CONTACT PERSON
HERITAGE INDEMNITY COMPANY
7125 WEST JEFFERSON AVENUE, SUITE 200
LAKEWOOD, CO 80235

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-39527	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-39527	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39551

ANNUAL ASSESSMENT CONTACT PERSON
CONTINENTAL HERITAGE INSURANCE COMPANY
6140 PARKLAND BOULEVARD, SUITE 321
MAYFIELD HEIGHTS, OH 44124

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39551	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39608

ANNUAL ASSESSMENT CONTACT PERSON
NUTMEG INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39608	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-39608	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-39608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39616

ANNUAL ASSESSMENT CONTACT PERSON
VISION SERVICE PLAN INSURANCE COMPANY
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670-7985



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39616	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-39616	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39675

ANNUAL ASSESSMENT CONTACT PERSON
EXCALIBUR REINSURANCE CORPORATION
1880 JFK BOULEVARD, SUITE 801
PHILADELPHIA, PA 19103

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39675	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39675	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39845

ANNUAL ASSESSMENT CONTACT PERSON
WESTPORT INSURANCE CORPORATION
P.O. BOX 2991
5200 METCALF
OVERLAND PARK, KS 66201-1391



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39845	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39845	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-39845	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39861

ANNUAL ASSESSMENT CONTACT PERSON
GOLDEN BEAR INSURANCE COMPANY
P.O. BOX 271
STOCKTON, CA 95201



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39861	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39861	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39942

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL GENERAL INSURANCE COMPANY
1949 EAST SUNSHINE
CORPORATE CENTRE
SPRINGFIELD, MO 65899-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-39942	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-39942	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39950

Enter your NAIC number on your payment.

CATHY MADDEN
METROPOLITAN GENERAL INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39950	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
39969

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SAFETY CASUALTY INSURANCE COMPANY
100 GALLERIA PARKWAY, SOUTHEAST, SUITE 700
ATLANTA, GA 30339



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-39969	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-39969	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40010

ANNUAL ASSESSMENT CONTACT PERSON
ANCHOR GENERAL INSURANCE COMPANY
10256 MEANLEY DRIVE
SAN DIEGO, CA 92131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40010	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40029

ANNUAL ASSESSMENT CONTACT PERSON
EXPLORER INSURANCE COMPANY
P.O. BOX 85563
SAN DIEGO, CA 92186-5563



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-40029	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-40029	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40029	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40045

ANNUAL ASSESSMENT CONTACT PERSON
STARNET INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-40045	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-40045	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40045	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40134

KLEVER CHANGO
CASTLEPOINT NATIONAL INSURANCE COMPANY
120 BROADWAY, 31ST FLOOR
NEW YORK, NY 10271



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40134	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40142

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN ZURICH INSURANCE COMPANY
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40142	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40142	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-40142	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40150

ANNUAL ASSESSMENT CONTACT PERSON
MGA INSURANCE COMPANY, INC.
P.O. BOX 199023
DALLAS, TX 75219

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40150	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40169

Enter your NAIC number on your payment.

CATHY MADDEN
METROPOLITAN CASUALTY INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-40169	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-40169	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40193

ANNUAL ASSESSMENT CONTACT PERSON
XL INSURANCE COMPANY OF NEW YORK, INC.
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40193	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40193	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40258

ANNUAL ASSESSMENT CONTACT PERSON
AIG ASSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40258	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40266

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT
ARCH MORTGAGE INSURANCE COMPANY
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP INC
WALNUT CREEK, CA 94597-2098

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40266	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40282

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS COMMERCIAL CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40282	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-40282	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-40282	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40312

ANNUAL ASSESSMENT CONTACT PERSON
PIONEER SPECIALTY INSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40312	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40312	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40371

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIA MUTUAL INSURANCE COMPANY
P.O. BOX 618
COLUMBIA, MO 65205

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40371	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40398

ANNUAL ASSESSMENT CONTACT PERSON
ASHMERE INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT 06033-5018



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-40398	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-40398	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-40398	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40436

ANNUAL ASSESSMENT CONTACT PERSON
STRATFORD INSURANCE COMPANY
400 PARSON'S POND DRIVE
FRANKLIN LAKES, NJ 07417-2600

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40436	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40436	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40444

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC SURETY COMPANY
P.O. BOX 1635
MILWAUKEE, WI 53201

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40444	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40460

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40460	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-40460	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-40460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40479

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC-VANGUARD INSURANCE COMPANY
P.O. BOX 809076
DALLAS, TX 75380-9076



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-40479	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-40479	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-40479	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-40479	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,400.00

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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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40517

ANNUAL ASSESSMENT CONTACT PERSON
ADVANTAGE WORKERS COMPENSATION INSURANCE COMPA
P.O. BOX 571918
SALT LAKE CITY, UT 84157-1918

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-40517	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-40517	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40525

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GUARANTY CREDIT INSURANCE COMPANY
P.O. BOX 20597
GREENSBORO, NC 27420-0597

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40525	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40649

Enter your NAIC number on your payment.

CATHY MADDEN
ECONOMY PREMIER ASSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RI 02886

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40649	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40703

MARILYN - ASSESSMENT
UNITRIN SAFEGUARD INSURANCE COMPANY
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FL 32256

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40703	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40789

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, IN
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40789	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40827

ANNUAL ASSESSMENT CONTACT PERSON
VIRGINIA SURETY COMPANY, INC.
175 WEST JACKSON BOULEVARD, 11TH FLOOR
CHICAGO, IL 60604

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-40827	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-40827	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-40827	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40843

ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPAN
PREMIUM TAX DEPT. T 2/20
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-40843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-40843	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
40975

ANNUAL ASSESSMENT CONTACT PERSON
DENTISTS INSURANCE COMPANY, THE
P.O. BOX 1582
1201 K STREET, 17TH FLOOR
SACRAMENTO, CA 95812



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-40975	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-40975	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41050

ANNUAL ASSESSMENT CONTACT PERSON
UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPAN
P.O. BOX 2900
NAPA, CA 94558



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41050	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41106

ANNUAL ASSESSMENT CONTACT PERSON
TRIUMPHE CASUALTY COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OH 44286



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41106	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41106	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41181

ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS INSURANCE COMPANY
PREMIUM TAX DEPT. T 2/20
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-41181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-41181	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-41181	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41211

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
TRITON INSURANCE COMPANY
3001 MEACHAM BOULEVARD, SUITE 200
FORT WORTH, TX 76137

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-41211	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-41211	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-41211	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41238

ANNUAL ASSESSMENT CONTACT PERSON
TRANS PACIFIC INSURANCE COMPANY
230 PARK AVENUE
NEW YORK, NY 10169

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41238	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41238	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41297

JEFFREY SIEFKER
SCOTTSDALE INSURANCE COMPANY
1-04-701
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41297	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41335

BARB HALLAR
UNITED NATIONAL SPECIALTY INSURANCE COMPANY
THREE BALA PLAZA, EAST, SUITE 300
BALA CYNWYD, PA 19004

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41335	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41335	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41343

ANNUAL ASSESSMENT CONTACT PERSON
HDI-GERLING AMERICA INSURANCE COMPANY
161 NORTH CLARK STREET, 48TH FLOOR
CHICAGO, IL 60601

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-41343	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-41343	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41343	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41394

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT
BENCHMARK INSURANCE COMPANY
775 PRAIRIE CENTER DRIVE, STE 420
EDEN PRAIRIE, MN 55344

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-41394	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-41394	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41394	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41424

ANNUAL ASSESSMENT CONTACT PERSON
PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
P.O. BOX 3031
BLUE BELL, PA 19422-0754

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41424	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-41424	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41432

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH HOME EQUITY INSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41432	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41459

ANNUAL ASSESSMENT CONTACT PERSON
ARMED FORCES INSURANCE EXCHANGE
550 EISENHOWER ROAD
LEAVENWORTH, KS 66048



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41459	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41483

ANNUAL ASSESSMENT CONTACT PERSON
FARMINGTON CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183-6014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-41483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-41483	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-41483	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41491

ANNUAL ASSESSMENT CONTACT PERSON
GEICO CASUALTY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-41491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-41491	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41513

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41513	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41513	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-41513	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41580

ANNUAL ASSESSMENT CONTACT PERSON
RED SHIELD INSURANCE COMPANY
1411 SW MORRISON ST. STE.400
PORTLAND, OR 97205-1945



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41580	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41629

ANNUAL ASSESSMENT CONTACT PERSON
NEW ENGLAND REINSURANCE CORPORATION
100 HIGH STREET
BOSTON, MA 02110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41629	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41629	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41653

DAVID DELONG
MILBANK INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215-3976

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-41653	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-41653	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-41653	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41750

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CONSTITUTION STATE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41750	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41769

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS CASUALTY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41769	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41785

HELEN - CORP TAX
COLORADO CASUALTY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41785	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-41785	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41840

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
THE HANOVER INSURANCE GRP, STATISTICAL DEPT S-436
440 LINCOLN STREET
WORCESTER, MA 01653

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-41840	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-41840	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-41840	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
41998

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SOUTHERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-41998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-41998	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42048

BARB HALLAR
DIAMOND STATE INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-42048	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-42048	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42129

ANNUAL ASSESSMENT CONTACT PERSON
UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
P.O. BOX 64477
SOUDERTON, PA 18964



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42129	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-42129	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42226

ANNUAL ASSESSMENT CONTACT PERSON
PRINCETON INSURANCE COMPANY
746 ALEXANDER ROAD
PRINCETON, NJ 08540-6305

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42226	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-42226	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42234

ANNUAL ASSESSMENT CONTACT PERSON
MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY
333 SOUTH SEVENTH STREET, SUITE 2200
MINNEAPOLIS, MN 55402

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42234	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42242

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-42242	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
MAP15-42242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-42242	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,275.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42269

ANNUAL ASSESSMENT CONTACT PERSON
MAJESTIC INSURANCE COMPANY
101 CALIFORNIA STREET.,22ND FLOOR
SAN FRANCISCO, CA 94111



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-42269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-42269	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42307

ANNUAL ASSESSMENT CONTACT PERSON
NAVIGATORS INSURANCE COMPANY
400 ATLANTIC STREET, 8TH FLOOR
STAMFORD, CT 06901



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42307	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-42307	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42331

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE AMERICA INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42331	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42376

CATHY - ASSESSMENT
TECHNOLOGY INSURANCE COMPANY, INC.
5800 LOMBARDO CTR, SUITE 200
CLEVELAND, OH 44131

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42376	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42390

ANNUAL ASSESSMENT CONTACT PERSON
AMGUARD INSURANCE COMPANY
P.O. BOX A-H
16 SOUTH RIVER STREET
WILKES-BARRE, PA 18703-0020



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-42390	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-42390	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-42390	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42404

HELEN VALE
LIBERTY INSURANCE CORPORATION
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-42404	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-42404	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42439

ANNUAL ASSESSMENT CONTACT PERSON
TOA REINSURANCE COMPANY OF AMERICA, THE
177 MADISON AVENUE
MORRISTOWN, NJ 07962

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42439	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42439	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42447

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL GENERAL ASSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42447	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42552

ANNUAL ASSESSMENT CONTACT PERSON
NOVA CASUALTY COMPANY
5 WATERSIDE CROSSING, SUITE 201
WINDSOR, CT 06095

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42552	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-42552	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42579

ANNUAL ASSESSMENT CONTACT PERSON
ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BOULEVARD, DSPF-76
COLUMBUS, OH 43215-2220



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-42579	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-42579	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42587

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42587	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42609

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
AFFIRMATIVE INSURANCE COMPANY
4450 SOJOURN DRIVE, SUITE 500
ADDISON, TX 75001-5094

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42609	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42609	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42668

ANNUAL ASSESSMENT CONTACT PERSON
VESTA INSURANCE CORPORATION
300 RIVERHILLS BUSINESS PARK
BIRMINGHAM, AL 35242



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42668	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42668	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42706

ANNUAL ASSESSMENT CONTACT PERSON
ROCHE SURETY AND CASUALTY COMPANY, INC.
1910 ORIENT ROAD
TAMPA, FL 33619

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42706	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42749

ANNUAL ASSESSMENT CONTACT PERSON
TRADERS INSURANCE COMPANY
P.O. BOX 5374
KANSAS CITY, MO 64131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42749	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42757

ANNUAL ASSESSMENT CONTACT PERSON
AGRI GENERAL INSURANCE COMPANY
9200 NORTHPARK DRIVE, SUITE 350
JOHNSTON, IA 50131-3007

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42757	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42757	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42765

ANNUAL ASSESSMENT CONTACT PERSON
CENTURION CASUALTY COMPANY
800 WALNUT STREET
DES MOINES, IA 50309-3636

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42765	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-42765	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42765	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42803

ANNUAL ASSESSMENT CONTACT PERSON
GUIDEONE ELITE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42803	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42803	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42862

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL CASUALTY COMPANY
150 PIERCE ROAD, SUITE 600
ITASCA, IL 60143-1229



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42862	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-42862	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42862	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42870

ANNUAL ASSESSMENT CONTACT PERSON
HEARTLAND INSURANCE COMPANY OF AMERICA
11709 WOODMAR LANE NE
ALBUQUERQUE, NM 87111

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42870	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
HCA15-42870	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42889

ANNUAL ASSESSMENT CONTACT PERSON
VICTORIA FIRE & CASUALTY COMPANY
ONE WEST NATIONWIDE BOULEVARD, 1-04-701
COLUMBUS, OH 43215-2220

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-42889	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-42889	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42897

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SERVICE INSURANCE COMPANY, INC.
150 NORTHWEST POINT BOULEVARD
ELK GROVE VILLAGE, IL 60007-1018

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42897	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42919

ANNUAL ASSESSMENT CONTACT PERSON
PROGRESSIVE NORTHWESTERN INSURANCE COMPANY
6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42919	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-42919	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42978

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SECURITY INSURANCE COMPANY
260 INTERSTATE NO.CIRCLE, SE
ATLANTA, GA 30339



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42978	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-42978	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42986

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD GUARANTY INSURANCE COMPANY
260 INTERSTATE NO. CIRCLE, SE
ATLANTA, GA 30339-2210



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-42986	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-42986	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-42986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
42994

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-42994	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-42994	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43044

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-43044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-43044	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43117

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN EQUITY INSURANCE COMPANY
P.O. BOX 64816
ST. PAUL, MN 55164-0816

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-43117	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-43117	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
MAP15-43117	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			3,150.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43460

KIM ASSESSMENT
ASPEN AMERICAN INSURANCE COMPANY
175 CAPITAL BOULEVARD
ROCKY HILL, CT 06067

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-43460	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-43460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43494

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
777 MAIN STREET, SUITE 1000
FORT WORTH, TX 76102

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-43494	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-43494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43575

ANNUAL ASSESSMENT CONTACT PERSON
INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET
P.O. BOX 1000
PHILADELPHIA, PA 19106

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-43575	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-43575	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-43575	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43699

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-43699	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-43699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43702

ANNUAL ASSESSMENT CONTACT PERSON
TOWER NATIONAL INSURANCE COMPANY
120 BROADWAY, 31ST FLOOR
NEW YORK, NY 10271-3199

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-43702	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-43702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43753

ANNUAL ASSESSMENT CONTACT PERSON
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA 91436-2936

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-43753	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-43753	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43915

ANNUAL ASSESSMENT CONTACT PERSON
RAINIER INSURANCE COMPANY
7245 WEST MARGINAL WAY, S.W.
SEATTLE, WA 98106



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-43915	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
FRA15-43915	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-43915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			1,650.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
43974

ATTN: COMPLIANCE
21ST CENTURY INDEMNITY INSURANCE COMPANY
3 BEAVER VALLEY ROAD, 21ST CENTURY PLAZA
WILMINGTON, DE 19803-1115

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-43974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-43974	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-43974	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,025.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
44300

ANNUAL ASSESSMENT CONTACT PERSON
TOWER INSURANCE COMPANY OF NEW YORK
120 BROADWAY, 31ST FLOOR
NEW YORK, NY 10271

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-44300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-44300	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
44318

ANNUAL ASSESSMENT CONTACT PERSON
ADMIRAL INDEMNITY COMPANY
3 UNIVERSITY PLAZA, SUITE 604
HACKENSACK, NJ 07601

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-44318	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-44318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
44369

ANNUAL ASSESSMENT CONTACT PERSON
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
P.O. BOX 753
OPELOUSAS, LA 70571-0753

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-44369	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-44369	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
44393

HELEN VALE
WEST AMERICAN INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OH 45014

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-44393	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-44393	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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- 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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
44520

KATHLEEN MACKEY
CRUM & FORSTER SPECIALTY INSURANCE COMPANY
SR. TAX ACCOUNTANT
305 MADISON AVENUE
MORRISTOWN, NJ 07962

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-44520	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
MAP15-44520	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-44520	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-44520	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
TOTAL ASSESSMENT AMOUNT			3,275.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
44695

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
MAP15-44695	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
FRA15-44695	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			900.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
45934

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN COMPENSATION INSURANCE COMPANY
8500 NORMANDALE LAKE BOULEVARD, SUITE 1400
BLOOMINGTON, MN 55437

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-45934	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
MAP15-45934	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	7/1/2014	200.00
TOTAL ASSESSMENT AMOUNT			900.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
47012

ANNUAL ASSESSMENT CONTACT PERSON
SIGHTCARE, INC.
220 NORTH MCKEMY BOULEVARD
CHANDLER, AZ 85226



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-47012	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-47012	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-47012	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
47013

ANNUAL ASSESSMENT CONTACT PERSON
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.
1571 SAWGRASS CORPORATE PARKWAY, SUITE 140
SUNRISE, FL 33323

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-47013	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-47013	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-47013	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
47708

ANNUAL ASSESSMENT CONTACT PERSON
UNITED DENTAL CARE OF ARIZONA, INC.
P.O. BOX 419052
FORTIS BENEFITS INSURANCE CO.
KANSAS CITY, MO 64141-6052



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-47708	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-47708	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-47708	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50016

ANNUAL ASSESSMENT CONTACT PERSON
TITLE RESOURCES GUARANTY COMPANY
8111 LBJ FREEWAY, SUITE 1200
DALLAS, TX 75251

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50016	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50020

ANNUAL ASSESSMENT CONTACT PERSON
DAKOTA HOMESTEAD TITLE INSURANCE COMPANY
315 SOUTH PHILLIPS AVENUE
SIOUX FALLS, SD 57104

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50020	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50026

ANNUAL ASSESSMENT CONTACT PERSON
PREMIER LAND TITLE INSURANCE COMPANY
P.O. BOX 199000
DALLAS, TX 75219



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50026	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50050

ANNUAL ASSESSMENT CONTACT PERSON
WESTCOR LAND TITLE INSURANCE COMPANY
875 CONCOURSE PARKWAY SOUTH, SUITE 200
MAITLAND, FL 32751

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50050	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50083

ANNUAL ASSESSMENT CONTACT PERSON
COMMONWEALTH LAND TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50083	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50121

ANNUAL ASSESSMENT CONTACT PERSON
STEWART TITLE GUARANTY COMPANY
P.O. BOX 2029, 1980 POST OAK BOULEVARD, SUITE 800
HOUSTON, TX 77252-2029

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50121	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50130

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN TITLE INSURANCE COMPANY
700 NORTHWEST 107TH AVENUE, SUITE 300
MIAMI, FL 33172

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50130	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50229

ANNUAL ASSESSMENT CONTACT PERSON
CHICAGO TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50229	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50369

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS TITLE INSURANCE COMPANY
121 NORTH COLUMBIA STREET
CHAPEL HILL, NC 27514

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50369	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50440

ANNUAL ASSESSMENT CONTACT PERSON
REAL ADVANTAGE TITLE INSURANCE COMPANY
640 NORTH TUSTIN AVENUE, SUITE 106
SANTA ANA, CA 92705



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50440	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50520

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, MN 55401

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50520	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
50814

ANNUAL ASSESSMENT CONTACT PERSON
FIRST AMERICAN TITLE INSURANCE COMPANY
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-50814	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
51020

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL TITLE INSURANCE OF NEW YORK INC.
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-51020	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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INSURANCE DEPARTMENT ASSESSMENT

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
51152

MICHELE MARTIN
WFG NATIONAL TITLE INSURANCE COMPANY
7401 CARMEL EXECUTIVE PARK DRIVE, SUITE 105
CHARLOTTE, NC 28226-8403

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-51152	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
51411

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN GUARANTY TITLE INSURANCE COMPANY
4040 NORTH TULSA AVENUE
OKLAHOMA CITY, OK 73112

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-51411	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
51586

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY NATIONAL TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-51586	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
51624

ANNUAL ASSESSMENT CONTACT PERSON
UNITED GENERAL TITLE INSURANCE COMPANY
ONE FIRST AMERICAN WAY
SANTA ANA, CA 92707

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-51624	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
51632

ANNUAL ASSESSMENT CONTACT PERSON
ENTITLE INSURANCE COMPANY
3 SUMMIT PARK DRIVE, SUITE 525
INDEPENDENCE, OH 44131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-51632	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
52120

ANNUAL ASSESSMENT CONTACT PERSON
TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.
2111 EAST HIGHLAND AVENUE, SUITE 250
PHOENIX, AZ 85016-4735

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-52120	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-52120	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-52120	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
53090

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS DENTAL SERVICES, INC.
P.O. BOX 36600
TUCSON, AZ 85740-6600

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-53090	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-53090	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-53090	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
53589

ANNUAL ASSESSMENT CONTACT PERSON
BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
2444 WEST LAS PALMARITAS DRIVE
PHOENIX, AZ 85021-4860

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-53589	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
HCA15-53589	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-53589	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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INSURANCE DEPARTMENT ASSESSMENT

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
53597

ANNUAL ASSESSMENT CONTACT PERSON
ARIZONA DENTAL INSURANCE SERVICE, INC.
5656 WEST TALAVI BOULEVARD
GLENDALE, AZ 85306

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-53597	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
FRA15-53597	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-53597	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			3,075.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56006

ANNUAL ASSESSMENT CONTACT PERSON
TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE
2041 EXCHANGE DRIVE
SAINT CHARLES, MO 63303

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56006	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56014

ANNUAL ASSESSMENT CONTACT PERSON
THRIVENT FINANCIAL FOR LUTHERANS
625 FOURTH AVENUE SOUTH
MINNEAPOLIS, MN 55415-1624

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56014	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56030

ANNUAL ASSESSMENT CONTACT PERSON
CATHOLIC FINANCIAL LIFE
P.O. BOX 3211
MILWAUKEE, WI 53201-3211

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56030	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56073

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL MUTUAL BENEFIT
P.O. BOX 1527
MADISON, WI 53701-1527



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56073	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56154

ANNUAL ASSESSMENT CONTACT PERSON
GLENER LIFE INSURANCE SOCIETY
5200 WEST U.S. 223
ADRIAN, MI 49221

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56154	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56170

ANNUAL ASSESSMENT CONTACT PERSON
WOMAN'S LIFE INSURANCE SOCIETY
1338 MILITARY STREET, P.O. BOX 5020
PORT HURON, MI 48061-5020

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56170	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56227

ANNUAL ASSESSMENT CONTACT PERSON
KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION
2439 GLENWOOD AVENUE
JOLIET, IL 60435



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56227	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56332

ANNUAL ASSESSMENT CONTACT PERSON
FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE
24950 CHAGRIN BOULEVARD
BEACHWOOD, OH 44122-5634

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56332	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56340

ANNUAL ASSESSMENT CONTACT PERSON
FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,
6611 ROCKSIDE ROAD
INDEPENDENCE, OH 44131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56340	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56383

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56383	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56499

ANNUAL ASSESSMENT CONTACT PERSON
ASSURED LIFE ASSOCIATION
6030 GREENWOOD PLAZA BOULEVARD, SUITE 100
GREENWOOD VILLAGE, CO 80111

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56499	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56634

ANNUAL ASSESSMENT CONTACT PERSON
CROATIAN FRATERNAL UNION OF AMERICA
100 DELANEY DRIVE
PITTSBURGH, PA 15235



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56634	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56693

ANNUAL ASSESSMENT CONTACT PERSON
GREEK CATHOLIC UNION OF THE U.S.A
5400 TUSCARAWAS ROAD
BEAVER, PA 15009-9513

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56693	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56758

ANNUAL ASSESSMENT CONTACT PERSON
LOYAL CHRISTIAN BENEFIT ASSOCIATION
P.O. BOX 13005
ERIE, PA 16514-1305

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56758	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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- 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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
56782

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL SLOVAK SOCIETY OF THE USA, THE
351 VALLEY BROOK ROAD
MCMURRAY, PA 15317

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-56782	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57088

ANNUAL ASSESSMENT CONTACT PERSON
DEGREE OF HONOR PROTECTIVE ASSOCIATION
287 W. LAFAYETTE FRONTAGE ROAD, SUITE 200
ST. PAUL, MN 55107-3464

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57088	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57142

ANNUAL ASSESSMENT CONTACT PERSON
SONS OF NORWAY
1455 WEST LAKE STREET
MINNEAPOLIS, MN 55408

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57142	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57223

ANNUAL ASSESSMENT CONTACT PERSON
BAPTIST LIFE ASSOCIATION
8555 MAIN STREET
BUFFALO, NY 14221

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57223	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57320

ANNUAL ASSESSMENT CONTACT PERSON
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 FARNAM STREET
WOODMEN TOWER
OMAHA, NE 68102

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57320	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57347

ANNUAL ASSESSMENT CONTACT PERSON
CATHOLIC LIFE INSURANCE
P.O. BOX 659527
1635 NORTHEAST LOOP 410
SAN ANTONIO, TX 78265-9527

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57347	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57487

ANNUAL ASSESSMENT CONTACT PERSON
CATHOLIC ORDER OF FORESTERS
P.O. BOX 3012
355 SHUMAN BOULEVARD
NAPERVILLE, IL 60566-7012

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57487	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57541

ANNUAL ASSESSMENT CONTACT PERSON
MODERN WOODMEN OF AMERICA
1701 FIRST AVENUE
ROCK ISLAND, IL 61201

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57541	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57622

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57622	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57657

ANNUAL ASSESSMENT CONTACT PERSON
ROYAL NEIGHBORS OF AMERICA
230 16TH STREET
ROCK ISLAND, IL 61201

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57657	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57673

ANNUAL ASSESSMENT CONTACT PERSON
SLOVENE NATIONAL BENEFIT SOCIETY
247 WEST ALLEGHENY ROAD
IMPERIAL, PA 15126

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57673	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
57991

ANNUAL ASSESSMENT CONTACT PERSON
EVERENCE ASSOCIATION, INC.
P.O. BOX 483
GOSHEN, IN 46527

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-57991	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
58033

ANNUAL ASSESSMENT CONTACT PERSON
KNIGHTS OF COLUMBUS
P.O. BOX 1670
NEW HAVEN, CT 06507-0901

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-58033	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
58068

ANNUAL ASSESSMENT CONTACT PERSON
INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
789 DON MILLS ROAD, DON MILLS
ONTARIO, CANADA, ** M3C -1T9

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-58068	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
58181

ANNUAL ASSESSMENT CONTACT PERSON
SUPREME COUNCIL OF THE ROYAL ARCANUM
61 BATTERYMARCH STREET
BOSTON, MA 02110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-58181	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60003

JOHN RECANATINI
PARK AVENUE LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NY 10004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60003	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60003	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60025

JENNIFER CLEMENTS, MS: HQ2E04
EXPRESS SCRIPTS INSURANCE COMPANY
ONE EXPRESS WAY
ST. LOUIS, MO 63121



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-60025	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
FRA15-60025	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60025	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			8,325.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60038

ANNUAL ASSESSMENT CONTACT PERSON
ACACIA LIFE INSURANCE COMPANY
5900 "O" STREET
LINCOLN, NE 68510

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60038	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60038	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60052

ANNUAL ASSESSMENT CONTACT PERSON
HUMANA BENEFIT PLAN OF ILLINOIS, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60052	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60052	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60054

ANNUAL ASSESSMENT CONTACT PERSON
AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE
HARTFORD, CT 06156

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60054	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60054	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60117

ANNUAL ASSESSMENT CONTACT PERSON
TUFTS INSURANCE COMPANY
705 MOUNT AUBURN STREET
WATERTOWN, MA 02472-1508

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60117	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60117	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60142

ANNUAL ASSESSMENT CONTACT PERSON
TIAA-CREF LIFE INSURANCE COMPANY
730 THIRD AVENUE
NEW YORK, NY 10017



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60142	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60142	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60183

ANNUAL ASSESSMENT CONTACT PERSON
S.USA LIFE INSURANCE COMPANY, INC.
P.O. BOX 1050
NEWARK, NJ 07101



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60183	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-60183	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-60183	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60186

REX BORDERS, PROJ MGR
ALLSTATE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60186	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60186	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60188

ANNUAL ASSESSMENT CONTACT PERSON
SUPERIOR VISION INSURANCE, INC.
1855 WEST KATELLA AVENUE, SUITE 255
ORANGE, CA 92867



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60188	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60188	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-60188	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60216

ANNUAL ASSESSMENT CONTACT PERSON
AMALGAMATED LIFE INSURANCE COMPANY
333 WESTCHESTER AVENUE, NORTH BUILDING
WHITE PLAINS, NY 10604



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60216	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60216	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60232

ANNUAL ASSESSMENT CONTACT PERSON
PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY
ONE LIBERTY PLACE, 1650 MARKET STREET, 54TH FLOOR
PHILADELPHIA, PA 19103

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60232	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60232	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60237

ANNUAL ASSESSMENT CONTACT PERSON
PREMIER ACCESS INSURANCE COMPANY
8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60237	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60237	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60250

ANNUAL ASSESSMENT CONTACT PERSON
AMFIRST INSURANCE COMPANY
P.O. BOX 16708
JACKSON, MS 39236

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60250	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60250	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60275

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORID
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60275	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60275	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60305

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
39201 SEVEN MILE ROAD
LIVONIA, MI 48152

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60305	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60305	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60348

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ACE LIFE INSURANCE COMPANY
TWO STAMFORD PLAZA, 281 TRESSER BOULEVARD
STAMFORD, CT 06901-3264

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60348	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60348	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60380

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBU
1932 WYNNNTON ROAD
COLUMBUS, GA 31999

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60380	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60380	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60399

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FAMILY LIFE INSURANCE COMPANY
6000 AMERICAN PARKWAY
AMERICAN FAMILY INS. GROUP
MADISON, WI 53783

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60399	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60399	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60410

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FIDELITY ASSURANCE COMPANY
P.O. BOX 25523
OKLAHOMA CITY, OK 73125-0523



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60410	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60410	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60429

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN FIDELITY LIFE INSURANCE COMPANY
4060 BARRANCAS AVENUE
PENSACOLA, FL 32507

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60429	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60429	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60445

ANNUAL ASSESSMENT CONTACT PERSON
SAGICOR LIFE INSURANCE COMPANY
P.O. BOX 52121
PHOENIX, AZ 85072-2121



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60445	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60445	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60488

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN GENERAL LIFE INSURANCE COMPANY
P.O. BOX 1591
HOUSTON, TX 77251-1591

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60488	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60488	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60518

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76113



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60518	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60518	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60534

ANNUAL ASSESSMENTS
AMERICAN HERITAGE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, STE H2D
NORTHBROOK, IL 60062



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60534	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60534	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60542

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN HOME LIFE INSURANCE COMPANY
P.O. BOX 1497
TOPEKA, KS 66601

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60542	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60542	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60577

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN INCOME LIFE INSURANCE COMPANY
P.O. BOX 2608
WACO, TX 76797



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60577	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60577	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60704

ANNUAL ASSESSMENT CONTACT PERSON
WILTON REASSURANCE LIFE COMPANY OF NEW YORK
187 DANBURY ROAD, RIVERVIEW BUILDING, THIRD FLOOR
WILTON, CT 06897-4122



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60704	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60704	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60739

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550-7999

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60739	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60739	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60763

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN PIONEER LIFE INSURANCE COMPANY
P.O. BOX 958465
LAKE MARY, FL 32795-8465

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60763	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60763	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60801

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN PUBLIC LIFE INSURANCE COMPANY
P.O. BOX 925
JACKSON, MS 39205-0925

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60801	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60801	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60836

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN REPUBLIC INSURANCE COMPANY
P.O. BOX 1
DES MOINES, IA 50306-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-60836	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-60836	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60895

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN UNITED LIFE INSURANCE COMPANY
P.O. BOX 368
INDIANAPOLIS, IN 46206-0368

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60895	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60895	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
60984

CAROL M COX
COMPBENEFITS INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY 40201-7436

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-60984	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-60984	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61050

ANNUAL ASSESSMENT CONTACT PERSON
METLIFE INVESTORS USA INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61050	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61050	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61069

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ANTHEM LIFE INSURANCE COMPANY
6740 NORTH HIGH STREET, SUITE 200
WORTHINGTON, OH 43085-7500

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61069	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61069	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61182

ANNUAL ASSESSMENT CONTACT PERSON
AURORA NATIONAL LIFE ASSURANCE COMPANY
175 KING STREET
ARMONK, NY 10504

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61182	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61182	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61190

ANNUAL ASSESSMENT CONTACT PERSON
AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61190	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61190	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61212

ANNUAL ASSESSMENT CONTACT PERSON
BALTIMORE LIFE INSURANCE COMPANY, THE
10075 RED RUN BOULEVARD
P.O. BOX 1050
OWINGS MILLS, MD 21117-4871

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-61212	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-61212	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61239

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 105185
ATLANTA, GA 30348-5185



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61239	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61239	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61263

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS LIFE AND CASUALTY COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL 60601



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61263	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61263	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61271

ANNUAL ASSESSMENT CONTACT PERSON
PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61271	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61271	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61301

GINGER VANDERLINDE
AMERITAS LIFE INSURANCE CORP.
1876 WAYCROSS ROAD
CINCINNATI, OH 45240



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61301	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61301	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61360

ANNUAL ASSESSMENT CONTACT PERSON
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61360	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61360	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61395

ANNUAL ASSESSMENT CONTACT PERSON
BENEFICIAL LIFE INSURANCE COMPANY
P.O. BOX 45654
SALT LAKE CITY, UT 84145-0654

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-61395	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-61395	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61409

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL BENEFIT LIFE INSURANCE COMPANY
ONE COURT SQUARE
LONG ISLAND CITY, NY 11120-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-61409	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-61409	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61425

ANNUAL ASSESSMENT CONTACT PERSON
TRUSTMARK INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61425	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61425	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61476

ANNUAL ASSESSMENT CONTACT PERSON
BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET
CANTON, MA 02021

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61476	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61476	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61492

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ATHENE ANNUITY & LIFE ASSURANCE COMPANY
P.O. BOX 1389
400 BROOKFIELD PARKWAY
GREENVILLE, SC 29607

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61492	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61492	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61506

ANNUAL ASSESSMENT CONTACT PERSON
RESOURCE LIFE INSURANCE COMPANY
175 WEST JACKSON BOULEVARD
CHICAGO, IL 60604



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61506	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61506	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61581

ANNUAL ASSESSMENT CONTACT PERSON
CAPITOL LIFE INSURANCE COMPANY, THE
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-61581	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-61581	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61689

ANNUAL ASSESSMENT CONTACT PERSON
ATHENE ANNUITY AND LIFE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61689	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61689	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61700

ANNUAL ASSESSMENT CONTACT PERSON
RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AME
P.O. BOX 30381
LANSING, MI 48909

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61700	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61700	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61727

ANNUAL ASSESSMENT
CENTRAL RESERVE LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, # 100
AUSTIN, TX 78717-5964



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61727	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61727	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61735

ANNUAL ASSESSMENT CONTACT
CENTRAL SECURITY LIFE INSURANCE COMPANY
2175 NORTH GLENVILLE DRIVE
RICHARDSON, TX 75082-4329

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61735	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61735	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61751

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
P.O. BOX 34350
OMAHA, NE 68134

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61751	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61751	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61808

REX BORDERS
CHARTER NATIONAL LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062-7154

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-61808	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-61808	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61832

ANNUAL ASSESSMENT CONTACT PERSON
CHESAPEAKE LIFE INSURANCE COMPANY, THE
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-61832	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-61832	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61859

ANNUAL ASSESSMENT
CHRISTIAN FIDELITY LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004-1172



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61859	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61859	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61875

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61875	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61875	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61883

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
CENTRAL UNITED LIFE INSURANCE COMPANY
2727 ALLEN PARKWAY, SUITE 500
WORTHAM TOWER
HOUSTON, TX 77019

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61883	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-61883	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61913

ANNUAL ASSESSMENT CONTACT PERSON
EXECUTIVE LIFE INSURANCE COMPANY OF NEW YORK
390 NORTH BROADWAY
JERICHO, NY 11753

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-61913	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
61999

ANNUAL ASSESSMENT CONTACT PERSON
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPAN
P.O. BOX 410288
KANSAS CITY, MO 64141-0288



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-61999	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-61999	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62049

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 COLONIAL LIFE BOULEVARD
COLUMBIA, SC 29210

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62049	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62049	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62057

SHIRL MORTON
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK
PO BOX 21008
GREENSBORO, NC 27420



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62057	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62057	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62065

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL PENN LIFE INSURANCE COMPANY
399 MARKET STREET
PHILADELPHIA, PA 19181



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62065	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62065	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62103

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62103	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62103	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62146

ANNUAL ASSESSMENT CONTACT PERSON
COMBINED INSURANCE COMPANY OF AMERICA
1000 NORTH MILWAUKEE AVENUE, 6TH FLOOR
GLENVIEW, IL 60025-2423



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62146	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62146	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62154

ANNUAL ASSESSMENT CONTACT PERSON
FREMONT LIFE INSURANCE COMPANY
P.O. BOX 26894
ATTN: JOE HOLLOWAY
SAN FRANCISCO, CA 94126-0894

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-62154	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62200

ANNUAL ASSESSMENT CONTACT PERSON
ACCORDIA LIFE AND ANNUITY COMPANY
215 10TH STREET, SUITE 1100
DES MOINES, IA 50309



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-62200	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-62200	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62235

ANNUAL ASSESSMENT CONTACT PERSON
UNUM LIFE INSURANCE COMPANY OF AMERICA
2211 CONGRESS STREET
PORTLAND, ME 04122

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62235	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62235	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62286

ANNUAL ASSESSMENT CONTACT PERSON
GOLDEN RULE INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278-1719

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62286	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62286	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62308

ANNUAL ASSESSMENT CONTACT PERSON
CONNECTICUT GENERAL LIFE INSURANCE COMPANY
1601 CHESTNUT STREET, TWO LIBERTY PLACE, TL14A
PHILADELPHIA, PA 19192-2362

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62308	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62308	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62324

ANNUAL ASSESSMENT CONTACT PERSON
FREEDOM LIFE INSURANCE COMPANY OF AMERICA
3100 BURNETT PLAZA
801 CHERRY STREET, UNIT 33
FORT WORTH, TX 76102

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62324	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62324	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62345

ANNUAL ASSESSMENT CONTACT PERSON
BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBR
3024 HARNEY STREET
OMAHA, NE 68131

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62345	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62359

ANNUAL ASSESSMENT CONTACT PERSON
CONSTITUTION LIFE INSURANCE COMPANY
P.O. BOX 958465
LAKE MARY, FL 32795-8465



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62359	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62359	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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

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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62375

SHARON MATONIS MZ01-78-5370
CONSUMERS LIFE INSURANCE COMPANY
2060 EAST 9TH STREET
CLEVELAND, OH 44115



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-62375	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-62375	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62383

ANNUAL ASSESSMENT CONTACT PERSON
CENTURION LIFE INSURANCE COMPANY
800 WALNUT STREET
DES MOINES, IA 50309-3636



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62383	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62383	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62413

Enter your NAIC number on your payment.

ATTN: BB&A AND OTHER TAXES - 28S
CONTINENTAL ASSURANCE COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, IL 60604

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62413	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62413	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62421

ANNUAL ASSESSMENT CONTACT PERSON
HERITAGE UNION LIFE INSURANCE COMPANY
187 DANBURY ROAD, RIVERVIEW BUILDING, 3RD FLOOR
WILTON, CT 06897-4122

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62421	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62421	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62510

ANNUAL ASSESSMENT CONTACT PERSON
EQUITRUST LIFE INSURANCE COMPANY
P.O. BOX 14500
DES MOINES, IA 50306-3500

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62510	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62553

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 2000
BLOOMINGTON, IL 61702-2000

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-62553	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-62553	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62596

ANNUAL ASSESSMENT CONTACT PERSON
UNION FIDELITY LIFE INSURANCE COMPANY
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-62596	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-62596	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62626

ANNUAL ASSESSMENT CONTACT PERSON
CMFG LIFE INSURANCE COMPANY
P.O. BOX 391
MADISON, WI 53701

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62626	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62626	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62634

ANNUAL ASSESSMENT
DELAWARE AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 1591
HOUSTON, TX 77251



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62634	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62634	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62790

ANNUAL ASSESSMENT CONTACT PERSON
EDUCATORS LIFE INSURANCE COMPANY OF AMERICA
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62790	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62790	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62863

ANNUAL ASSESSMENT CONTACT PERSON
TRUSTMARK LIFE INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62863	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62863	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62880

ANNUAL ASSESSMENT CONTACT PERSON
AXA EQUITABLE LIFE AND ANNUITY COMPANY
525 WASHINGTON BOULEVARD, CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62880	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62928

ANNUAL ASSESSMENT CONTACT PERSON
EMC NATIONAL LIFE COMPANY
P.O. BOX 9202
DES MOINES, IA 50306-9202



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62928	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62928	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62944

ANNUAL ASSESSMENT CONTACT PERSON
AXA EQUITABLE LIFE INSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, CONTROLLERS 12TH FL
NEW YORK, NY 10104



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-62944	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-62944	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
62952

ANNUAL ASSESSMENT CONTACT PERSON
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY
P.O. BOX 2460
SALT LAKE CITY, UT 84110

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-62952	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-62952	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63053

ANNUAL ASSESSMENT CONTACT PERSON
FAMILY LIFE INSURANCE COMPANY
2727 ALLEN PARKWAY, WORTHAM TOWER, SUITE 500
HOUSTON, TX 77019



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63053	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63053	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63088

ANNUAL ASSESSMENT CONTACT PERSON
FARM BUREAU LIFE INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63088	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63088	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63177

ANNUAL ASSESSMENT CONTACT PERSON
FARMERS NEW WORLD LIFE INSURANCE COMPANY
3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63177	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63177	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63223

ANNUAL ASSESSMENT CONTACT PERSON
FEDERAL LIFE INSURANCE COMPANY (MUTUAL)
3750 WEST DEERFIELD ROAD
RIVERWOODS, IL 60015

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63223	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63223	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63258

ANNUAL ASSESSMENT CONTACT PERSON
FEDERATED LIFE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63258	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63258	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63274

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY & GUARANTY LIFE INSURANCE COMPANY
1001 FLEET STREET
BALTIMORE, MD 21202



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63274	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63274	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63282

ANNUAL ASSESSMENT CONTACT PERSON
PENN TREATY NETWORK AMERICA INSURANCE COMPANY
3440 LEHIGH STREET
ALLENTOWN, PA 18103

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
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
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63290

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC
8700 WEST BRYN MAWR AVENUE, SUITE 900S
CHICAGO, IL 60631

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63290	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63290	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63312

ANNUAL ASSESSMENT CONTACT PERSON
GREAT AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 5420
CINCINNATI, OH 45201-5420

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63312	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63312	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63444

ANNUAL ASSESSMENT CONTACT PERSON
ACCENDO INSURANCE COMPANY
221 NORTH CHARLES LINDBERGH DRIVE
SALT LAKE CITY, UT 84116

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63444	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63444	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63479

ANNUAL ASSESSMENT CONTACT PERSON
UNITED TEACHER ASSOCIATES INSURANCE COMPANY
301 EAST FOURTH STREET
CINCINNATI, OH 45202

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-63479	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-63479	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63487

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63487	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63487	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63495

MAURICE S JANUS
FIRST INVESTORS LIFE INSURANCE COMPANY
110 WALL STREET, 4TH FLOOR
NEW YORK, NY 10005-3830

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63495	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63495	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63541

ANNUAL ASSESSMENT CONTACT PERSON
SEECHANGE HEALTH INSURANCE COMPANY
24025 PARK SORRENTO, SUITE 100
CALABASAS, CA 91302-4000

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63541	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63541	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63657

ANNUAL ASSESSMENT
GARDEN STATE LIFE INSURANCE COMPANY
2450 SOUTH SHORE BOULEVARD, SUITE 401
LEAGUE CITY, TX 77573-2997



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63657	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63657	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63665

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL AMERICAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63665	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63665	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63762

ANNUAL ASSESSMENT CONTACT PERSON
MEDCO CONTAINMENT LIFE INSURANCE COMPANY
100 PARSONS POND DRIVE, BUILDING F3
FRANKLIN LAKES, NJ 07417-2603

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63762	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63762	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63819

ANNUAL ASSESSMENT CONTACT PERSON
UNITY FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 625700
CINCINNATI, OH 45262-5700

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63819	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63967

ANNUAL ASSESSMENT CONTACT PERSON
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPA
P.O. BOX 659567
SAN ANTONIO, TX 78265-9567



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63967	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63967	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
63983

ANNUAL ASSESSMENT CONTACT PERSON
UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777
MERIDIAN, ID 83680-7777



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-63983	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-63983	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64017

ANNUAL ASSESSMENT CONTACT PERSON
JEFFERSON NATIONAL LIFE INSURANCE COMPANY
10350 ORMSBY PARK PLACE
LOUISVILLE, KY 40223

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64017	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64017	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64076

ANNUAL ASSESSMENT CONTACT PERSON
GREAT FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 9510
WICHITA, KS 67277



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64076	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64076	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64149

ANNUAL ASSESSMENT CONTACT PERSON
EPIC LIFE INSURANCE COMPANY, THE
P.O. BOX 14196
MADISON, WI 53708-0196

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-64149	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-64149	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64211

ANNUAL ASSESSMENT CONTACT PERSON
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64211	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64211	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64238

ANNUAL ASSESSMENT CONTACT PERSON
GUARANTY INCOME LIFE INSURANCE COMPANY
P.O. BOX 2231
BATON ROUGE, LA 70821-2231

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64238	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64238	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64246

JOHN RECANATINI
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE
7 HANOVER SQUARE H17M
NEW YORK, NY 10004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64246	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64246	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64327

ANNUAL ASSESSMENT CONTACT PERSON
HARLEYSVILLE LIFE INSURANCE COMPANY
355 MAPLE AVENUE
HARLEYSVILLE, PA 19438



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64327	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64327	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64343

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HI 96814

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64343	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64343	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64394

ANNUAL ASSESSMENT CONTACT PERSON
HERITAGE LIFE INSURANCE COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-64394	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
FRA15-64394	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64394	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64467

ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.
8735 HENDERSON ROAD
TAMPA, FL 33634



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64467	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64467	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64505

ANNUAL ASSESSMENT CONTACT PERSON
HOMESTEADERS LIFE COMPANY
P.O. BOX 1756
DES MOINES, IA 50306

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64505	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64505	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64513

ANNUAL ASSESSMENT CONTACT PERSON
HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64513	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64513	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64580

ANNUAL ASSESSMENT CONTACT PERSON
ILLINOIS MUTUAL LIFE INSURANCE COMPANY
300 SOUTHWEST ADAMS STREET
PEORIA, IL 61634

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-64580	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-64580	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64602

ANNUAL ASSESSMENT CONTACT PERSON
INDEPENDENCE LIFE AND ANNUITY COMPANY
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64602	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64602	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64688

ANNUAL ASSESSMENT CONTACT PERSON
SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY
101 SOUTH TRYON, SUITE 3200
CHARLOTTE, NC 28280

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64688	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64688	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64696

ANNUAL ASSESSMENT CONTACT PERSON
FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY
101 PARKLANE BOULEVARD, SUITE 301
SUGAR LAND, TX 77478



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64696	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64696	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64831

REX BORDERS
INTRAMERICA LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64831	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64831	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64890

W R BERKELY COMPANY
BERKLEY LIFE AND HEALTH INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-64890	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-64890	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
64904

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 717
FRANKFORT, KY 40602-0717

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-64904	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-64904	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65005

ANNUAL ASSESSMENT CONTACT PERSON
RIVERSOURCE LIFE INSURANCE COMPANY
227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-65005	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-65005	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65021

ANNUAL ASSESSMENT CONTACT PERSON
STONEBRIDGE LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD, NORTHEAST
CEDAR RAPIDS, IA 52499



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65021	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65021	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65056

ANNUAL ASSESSMENT CONTACT PERSON
JACKSON NATIONAL LIFE INSURANCE COMPANY
ONE CORPORATE WAY
LANSING, MI 48951



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65056	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65056	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65080

ANNUAL ASSESSMENT CONTACT PERSON
JOHN ALDEN LIFE INSURANCE COMPANY
P.O. BOX 3050
MILWAUKEE, WI 53201



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65080	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65080	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65110

CAROL M COX
KANAWHA INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY 40201-7436



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65110	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65110	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65129

ANNUAL ASSESSMENT CONTACT PERSON
KANSAS CITY LIFE INSURANCE COMPANY
3520 BROADWAY
KANSAS CITY, MO 64111



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-65129	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-65129	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65242

ANNUAL ASSESSMENT CONTACT PERSON
LAFAYETTE LIFE INSURANCE COMPANY, THE
400 BROADWAY STREET
CINCINNATI, OH 45202

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65242	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65242	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65269

ANNUAL ASSESSMENT CONTACT PERSON
UNITED BENEFIT LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, SUITE 100
AUSTIN, TX 78717



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65269	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65269	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65315

HELEN WENTWORTH
LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
9450 SEWARD ROAD
FAIRFIELD, OH 45014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65315	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65315	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65331

ANNUAL ASSESSMENT CONTACT PERSON
LIBERTY NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 2612
BIRMINGHAM, AL 35202

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65331	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65331	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65498

ANNUAL ASSESSMENT CONTACT PERSON
LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET, TWO LIBERTY PLACE, TL14A
PHILADELPHIA, PA 19192-2362

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65498	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65498	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65528

ANNUAL ASSESSMENT CONTACT PERSON
LIFE INSURANCE COMPANY OF THE SOUTHWEST
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-65528	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-65528	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65536

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
6604 WEST BROAD STREET
RICHMOND, VA 23230



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-65536	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-65536	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65595

REX BORDERS
LINCOLN BENEFIT LIFE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65595	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65595	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65641

ANNUAL ASSESSMENT CONTACT PERSON
LINCOLN REPUBLIC INSURANCE COMPANY
P.O. BOX 14571
DES MOINES, IA 50306-3571



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65641	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65641	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65676

ANNUAL ASSESSMENT CONTACT PERSON
LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE
1300 SOUTH CLINTON STREET
FORT WAYNE, IN 46802

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65676	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65676	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65722

ANNUAL ASSESSMENT CONTACT PERSON
LOYAL AMERICAN LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, SUITE 100
AUSTIN, TX 78717



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65722	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65722	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65781

ANNUAL ASSESSMENT CONTACT PERSON
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 5008
MADISON, WI 53705

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-65781	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-65781	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65811

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MODERN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65811	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65811	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65838

ANNUAL ASSESSMENT CONTACT PERSON
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
P.O. BOX 111
BOSTON, MA 02117-0111

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65838	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65838	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65870

ANNUAL ASSESSMENT CONTACT PERSON
MANHATTAN LIFE INSURANCE COMPANY, THE
2727 ALLEN PARKWAY, SUITE 500, WORTHAM TOWER
HOUSTON, TX 77019-2115

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65870	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65870	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65900

ANNUAL ASSESSMENT CONTACT PERSON
CONSECO LIFE INSURANCE COMPANY
11825 NORTH PENNSYLVANIA STREET
CARMEL, IN 46032

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65900	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65900	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65919

ANNUAL ASSESSMENT CONTACT PERSON
PRIMERICA LIFE INSURANCE COMPANY
1 PRIMERICA PARKWAY
DULUTH, GA 30099-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65919	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65919	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65927

ANNUAL ASSESSMENT CONTACT PERSON
LINCOLN HERITAGE LIFE INSURANCE COMPANY
4343 EAST CAMELBACK ROAD
PHOENIX, AZ 85018

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-65927	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-65927	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65935

ANNUAL ASSESSMENT
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
CORP TAX DEPT E410
1295 STATE STREET
SPRINGFIELD, MA 01111-0001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-65935	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-65935	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65951

ANNUAL ASSESSMENT CONTACT PERSON
MERIT LIFE INSURANCE CO.
P.O. BOX 39
EVANSVILLE, IN 47701



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65951	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65951	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65960

ANNUAL ASSESSMENT CONTACT PERSON
WINDSOR LIFE INSURANCE COMPANY
1345 RIVER BEND DRIVE, SUITE 100
DALLAS, TX 75247



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65960	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65960	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
65978

ANNUAL ASSESSMENT CONTACT PERSON
METROPOLITAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-65978	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-65978	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66001

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN BENEFIT LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66001	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66001	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66044

ANNUAL ASSESSMENT CONTACT PERSON
MIDLAND NATIONAL LIFE INSURANCE COMPANY
ONE SAMMONS PLAZA
SIOUX FALLS, SD 57193

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-66044	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-66044	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66087

ANNUAL ASSESSMENT CONTACT PERSON
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66087	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66087	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66109

ANNUAL ASSESSMENT CONTACT PERSON
MIDWESTERN UNITED LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NORTHWEST
ATLANTA, GA 30327-4390



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66109	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66109	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66133

ANNUAL ASSESSMENT CONTACT PERSON
WILTON REASSURANCE COMPANY
187 DANBURY ROAD
WILTON, CT 06897



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66133	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66133	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66141

Enter your NAIC number on your payment.

ANNUAL ASSESSMENTS
HEALTH NET LIFE INSURANCE COMPANY
21650 OXNARD STREET, 25TH FLOOR
WOODLAND HILLS, CA 91367

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66141	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66141	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66168

ANNUAL ASSESSMENT CONTACT PERSON
MINNESOTA LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66168	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66168	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66214

ANNUAL ASSESSMENT CONTACT PERSON
HEARTLAND NATIONAL LIFE INSURANCE COMPANY
1600 NORTHEAST CORONADO DRIVE
BLUE SPRINGS, MO 64014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-66214	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-66214	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66230

ANNUAL ASSESSMENT CONTACT PERSON
WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK
100 QUENTIN ROOSEVELT BOULEVARD
GARDEN CITY, NY 11530

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66230	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66265

ANNUAL ASSESSMENT CONTACT PERSON
MONARCH LIFE INSURANCE COMPANY
330 WHITNEY AVENUE, SUITE 500
HOLYOKE, MA 01040-2857

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-66265	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-66265	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66281

ANNUAL ASSESSMENT CONTACT PERSON
MONUMENTAL LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD NORTHEAST
CEDAR RAPIDS, IA 52499

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66281	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66281	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66346

ANNUAL ASSESSMENT CONTACT PERSON
MUNICH AMERICAN REASSURANCE COMPANY
P.O. BOX 3210
ATLANTA, GA 30302-3210

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66346	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66346	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66370

ANNUAL ASSESSMENT CONTACT PERSON
MONY LIFE INSURANCE COMPANY
5788 WIDEWATERS PARKWAY, 2ND FLOOR
SYRACUSE, NY 13214



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66370	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66370	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66427

ANNUAL ASSESSMENT CONTACT PERSON
MTL INSURANCE COMPANY
P.O. BOX 9060
OAK BROOK, IL 60522-9060



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66427	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66427	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66540

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FARMERS UNION LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-66540	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-66540	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66583

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
P.O. BOX 1191
MADISON, WI 53701-1191



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66583	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66583	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66680

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL LIFE INSURANCE COMPANY
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66680	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66680	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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- OR**
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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66850

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL WESTERN LIFE INSURANCE COMPANY
850 EAST ANDERSON LANE
AUSTIN, TX 78752-1602



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66850	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66850	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66869

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE LIFE INSURANCE COMPANY
ONE NATIONWIDE PLAZA DSPF-76
COLUMBUS, OH 43215-2220



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66869	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66869	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66915

ATTN: GEORGE
NEW YORK LIFE INSURANCE COMPANY
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NY 10010



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-66915	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-66915	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
66974

ANNUAL ASSESSMENT CONTACT PERSON
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURAN
ONE SAMMONS PLAZA
SIOUX FALLS, SD 57193

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-66974	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-66974	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67032

ANNUAL ASSESSMENT CONTACT PERSON
NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
411 WEST CHAPEL HILL STREET
DURHAM, NC 27701-3616



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-67032	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-67032	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67059



Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
NORTH COAST LIFE INSURANCE COMPANY
2211 NE LOOP 410
SAN ANTONIO, TX 78217

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67059	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67059	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67083

ANNUAL ASSESSMENT CONTACT PERSON
MANHATTAN NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 5420
CINCINNATI, OH 45201

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67083	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67083	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67091

ANNUAL ASSESSMENT CONTACT PERSON
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67091	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67091	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67105

ANNUAL ASSESSMENT CONTACT PERSON
RELIASTAR LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67105	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67105	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67148

ANNUAL ASSESSMENT CONTACT PERSON
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLIN
P.O. BOX 2595
WACO, TX 76702-2595



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-67148	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-67148	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67172

ANNUAL ASSESSMENT CONTACT PERSON
OHIO NATIONAL LIFE INSURANCE COMPANY, THE
P.O. BOX 237
CINCINNATI, OH 45201-0237

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67172	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67172	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67180

ANNUAL ASSESSMENT CONTACT PERSON
OHIO STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67180	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67180	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67199

ANNUAL ASSESSMENT CONTACT PERSON
OLD AMERICAN INSURANCE COMPANY
3520 BROADWAY
KANSAS CITY, MO 64111-2565

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67199	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67199	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67253

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN LIFE & SECURITY CORP.
2900 SOUTH 70TH STREET, SUITE 400
LINCOLN, NE 68506



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67253	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-67253	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-67253	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67261

ANNUAL ASSESSMENT CONTACT PERSON
OLD REPUBLIC LIFE INSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67261	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67261	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67369

ANNUAL ASSESSMENT CONTACT PERSON
CIGNA HEALTH AND LIFE INSURANCE COMPANY
900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67369	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67369	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67393

ANNUAL ASSESSMENT CONTACT PERSON
OZARK NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 219541
KANSAS CITY, MO 64121-9541



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67393	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67393	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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

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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67423

ANNUAL ASSESSMENT
UBS LIFE INSURANCE COMPANY USA
915 STATE STREET
ERIE, PA 16501



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67423	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67423	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67466

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC LIFE INSURANCE COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67466	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67466	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67539

ANNUAL ASSESSMENT CONTACT PERSON
PAN-AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 60219
601 POYDRAS STREET
NEW ORLEANS, LA 70160-0219



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67539	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67539	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67598

ANNUAL ASSESSMENT CONTACT PERSON
PAUL REVERE LIFE INSURANCE COMPANY, THE
ONE FOUNTAIN SQUARE
CHATTANOOGA, TN 37402



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67598	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67598	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67601

ANNUAL ASSESSMENT CONTACT PERSON
PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY, TH
ONE FOUNTAIN SQUARE
CHATTANOOGA, TN 37402



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67601	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67601	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67628

MARK DENNING
PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-67628	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-67628	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67636

ANNUAL ASSESSMENT CONTACT PERSON
DSM USA INSURANCE COMPANY, INC.
465 MEDFORD STREET
BOSTON, MA 02129

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-67636	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-67636	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67644

ANNUAL ASSESSMENT CONTACT PERSON
PENN MUTUAL LIFE INSURANCE COMPANY, THE
FINANCIAL REPORTING, C3D
PHILADELPHIA, PA 19172



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67644	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67644	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67652

ANNUAL ASSESSMENT CONTACT PERSON
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY
1300 SOUTH CLINTON STREET
FORT WAYNE, IN 46802-3518

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67652	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67652	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67660

ANNUAL ASSESSMENT CONTACT PERSON
PENNSYLVANIA LIFE INSURANCE COMPANY
2211 SANDERS ROAD, NBT 10
NORTHBROOK, IL 60062



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67660	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67660	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67679

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN REPUBLIC CORP INSURANCE COMPANY
P.O. BOX 14510
DES MOINES, IA 50306-3510



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67679	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67679	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67784

ANNUAL ASSESSMENT CONTACT PERSON
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 4884
HOUSTON, TX 77210

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67784	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67784	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67814

ANNUAL ASSESSMENT CONTACT PERSON
PHOENIX LIFE INSURANCE COMPANY
P.O. BOX 5056
ONE AMERICAN ROW
HARTFORD, CT 06102-5056

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67814	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67814	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67873

ANNUAL ASSESSMENT CONTACT PERSON
PIONEER AMERICAN INSURANCE COMPANY
P.O. BOX 240
WACO, TX 76703-0240

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67873	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67873	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67903

ANNUAL ASSESSMENT
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
11200 LAKELINE BOULEVARD, # 100
AUSTIN, TX 78717-5964



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67903	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67903	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67911

ANNUAL ASSESSMENT CONTACT PERSON
PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC
P.O. BOX 368
INDIANAPOLIS, IN 46206-0368

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-67911	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-67911	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
67989

MATTHEW F MCGUIRE
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
P.O. BOX 2730
440 MOUNT RUSHMORE ROAD
RAPID CITY, SD 57709-2730

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-67989	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-67989	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68039

ANNUAL ASSESSMENT CONTACT PERSON
ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK
69 LYDECKER STREET
NYACK, NY 10960

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68039	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68039	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68047

ANNUAL ASSESSMENT CONTACT PERSON
PROFESSIONAL INSURANCE COMPANY
ONE SUN LIFE EXECUTIVE PARK, SC 3318
WELLESLEY HILLS, MA 02481-5699



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68047	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68047	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68136

CARLA - ASSESSMENT
PROTECTIVE LIFE INSURANCE COMPANY
P.O. BOX 2606
BIRMINGHAM, AL 35202

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68136	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68136	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68160

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
BALBOA LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH, SUITE A6-5678
ST. PAUL, MN 55101-2098

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68160	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68160	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68179

ANNUAL ASSESSMENT CONTACT PERSON
PROVIDENT AMERICAN INSURANCE COMPANY
10501 NORTH CENTRAL EXPRESSWAY, SUITE 313
DALLAS, TX 75231



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68179	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68179	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68195

ANNUAL ASSESSMENT CONTACT PERSON
PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
ONE FOUNTAIN SQUARE
CHATTANOOGA, TN 37402

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-68195	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-68195	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68241

ANNUAL ASSESSMENT CONTACT PERSON
PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-68241	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-68241	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68276

ANNUAL ASSESSMENT CONTACT PERSON
EMPLOYERS REASSURANCE CORPORATION
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68276	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68276	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68284

ANNUAL ASSESSMENT CONTACT PERSON
PYRAMID LIFE INSURANCE COMPANY, THE
P.O. BOX 958465
LAKE MARY, FL 32795-8465



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68284	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68284	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68322

ATTN: PREMIUM & OTHER TAX
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
8515 EAST ORCHARD ROAD 7T2
GREENWOOD VILLAGE, CO 80111

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68322	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68322	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68357

ANNUAL ASSESSMENT CONTACT PERSON
RELIABLE LIFE INSURANCE COMPANY, THE
12115 LACKLAND ROAD
ST. LOUIS, MO 63146



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68357	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68357	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68365

JOHN W SAWULA
AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, 12TH FLOOR
NEW YORK, NY 10104

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68365	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68381

NICOLE FULMORE
RELIANCE STANDARD LIFE INSURANCE COMPANY
2001 MARKET STREET, SUITE 1500
PHILADELPHIA, PA 19103



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68381	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68381	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68420

ANNUAL ASSESSMENT CONTACT PERSON
WMI MUTUAL INSURANCE COMPANY
P.O. BOX 572450
MURRAY, UT 84157-2450

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-68420	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-68420	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68446

ANNUAL ASSESSMENT CONTACT PERSON
LONGEVITY INSURANCE COMPANY
1585 BROADWAY, 4TH FLOOR
NEW YORK, NY 10036



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68446	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68446	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68462

ANNUAL ASSESSMENT CONTACT PERSON
RESERVE NATIONAL INSURANCE COMPANY
601 EAST BRITTON ROAD
OKLAHOMA CITY, OK 73114

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68462	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68462	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68500

AMY REIN
CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T
6604 W BROAD STREET
RICHMOND, VA 23230

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68500	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68500	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68543

ANNUAL ASSESSMENT CONTACT PERSON
LIBERTY BANKERS LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68543	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68543	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68594

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2549
WACO, TX 76702-2549



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68594	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68594	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68608

ANNUAL ASSESSMENT CONTACT PERSON
SYMETRA LIFE INSURANCE COMPANY
P.O. BOX 34690
SEATTLE, WA 98124-1690



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68608	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68608	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68632

ANNUAL ASSESSMENT CONTACT PERSON
VANTIS LIFE INSURANCE COMPANY
200 DAY HILL ROAD
WINDSOR, CT 06095



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68632	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68632	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68675

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY BENEFIT LIFE INSURANCE COMPANY
ONE SECURITY BENEFIT PLACE
TOPEKA, KS 66636-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68675	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68675	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68713

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY LIFE OF DENVER INSURANCE COMPANY
1290 BROADWAY
DENVER, CO 80203-5699

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68713	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68713	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68721

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY LIFE INSURANCE COMPANY OF AMERICA
10901 RED CIRCLE DRIVE
MINNETONKA, MN 55343-9137



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68721	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68721	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68772

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
P.O. BOX 1625
BINGHAMTON, NY 13902



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68772	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68772	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68802

ANNUAL ASSESSMENT CONTACT PERSON
SENTINEL SECURITY LIFE INSURANCE COMPANY
1405 WEST 2200 SOUTH
SALT LAKE CITY, UT 84119



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-68802	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-68802	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68810

ANNUAL ASSESSMENT CONTACT PERSON
SENTRY LIFE INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68810	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68810	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68845

ANNUAL ASSESSMENT CONTACT PERSON
SHENANDOAH LIFE INSURANCE COMPANY
P.O. BOX 12847
ROANOKE, VA 24029-2847

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68845	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68845	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
68985

ANNUAL ASSESSMENT CONTACT PERSON
STARMOUNT LIFE INSURANCE COMPANY
P.O. BOX 98100
BATON ROUGE, LA 70898-9100



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-68985	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-68985	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69000

ANNUAL ASSESSMENT CONTACT PERSON
NORTHWESTERN LONG TERM CARE INSURANCE COMPANY
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69000	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69000	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69019

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD INSURANCE COMPANY
P.O. BOX 711
PORTLAND, OR 97207-0711

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69019	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69019	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69078

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD SECURITY LIFE INSURANCE COMPANY OF NY
485 MADISON AVENUE
NEW YORK, NY 10022-5872



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69078	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69078	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69108

ANNUAL ASSESSMENT CONTACT PERSON
STATE FARM LIFE INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69108	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69116

ANNUAL ASSESSMENT CONTACT PERSON
STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 406
INDIANAPOLIS, IN 46206

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69116	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69116	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69132

ANNUAL ASSESSMENT CONTACT PERSON
STATE MUTUAL INSURANCE COMPANY
P.O. BOX 153
ROME, GA 30162-0153



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69132	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69132	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69140

ANNUAL ASSESSMENT CONTACT PERSON
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
132 TURNPIKE ROAD, SUITE 210
SOUTHBOROUGH, MA 01772-0002



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69140	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69140	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69272

ANNUAL ASSESSMENT CONTACT PERSON
SUNSET LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 219532
KANSAS CITY, MO 64121-9532

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-69272	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-69272	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69310

REX BORDERS
SURETY LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, IL 60062



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69310	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69310	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69329

ANNUAL ASSESSMENT CONTACT PERSON
SURETY LIFE AND CASUALTY INSURANCE COMPANY
827 28TH STREET SOUTHWEST, UNIT C
FARGO, ND 58103



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69329	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69329	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER

69337

ANNUAL ASSESSMENT

AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

10308 METCALF AVENUE

PMB #275

OVERLAND PARK, KS 66212-1800



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69337	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69337	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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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 602-364-3471.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69345

ANNUAL ASSESSMENT CONTACT PERSON
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMER
730 THIRD AVENUE
NEW YORK, NY 10017

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69345	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69345	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69396

ANNUAL ASSESSMENT CONTACT PERSON
TEXAS LIFE INSURANCE COMPANY
P.O. BOX 830
WACO, TX 76703



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69396	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69477

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
TIME INSURANCE COMPANY
P.O. BOX 3050
501 WEST MICHIGAN STREET
MILWAUKEE, WI 53201

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69477	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69477	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69485

ANNUAL ASSESSMENT CONTACT PERSON
SECURITY NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 57220
SALT LAKE CITY, UT 84157-0220

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69485	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69485	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69515

ANNUAL ASSESSMENT CONTACT PERSON
MEDAMERICA INSURANCE COMPANY
P.O. BOX 41930
ROCHESTER, NY 14604-0620



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69515	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69515	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69566

ANNUAL ASSESSMENT CONTACT PERSON
TRANS WORLD ASSURANCE COMPANY
885 SOUTH EL CAMINO REAL
SAN MATEO, CA 94402



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69566	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69566	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69604

Enter your NAIC number on your payment.

CARMELA CAMINO
ALLIANZ LIFE AND ANNUITY COMPANY
C/O ALLIANZ LIFE & ANNUITY
PO BOX 1344
MINNEAPOLIS, MN 55440-1344

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69604	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69647

ANNUAL ASSESSMENT CONTACT PERSON
CATAMARAN INSURANCE OF OHIO, INC.
1600 MCCONNOR PARKWAY
ATTN: LEGAL DEPARTMENT
SCHAUMBURG, IL 60173



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69647	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69647	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona 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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69663

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA LIFE INSURANCE COMPANY
9800 FREDERICKSBURG ROAD, C-3-W
SAN ANTONIO, TX 78288-3051

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69663	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69663	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69744

ANNUAL ASSESSMENT CONTACT PERSON
UNION LABOR LIFE INSURANCE COMPANY, THE
1625 EYE STREET, NORTHWEST
WASHINGTON, DC 20006

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69744	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69744	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69868

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



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69868	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69868	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69892

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FARM FAMILY LIFE INSURANCE COMPANY
P.O. BOX 1250
INDIANAPOLIS, IN 46206-1250



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-69892	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-69892	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69914

ANNUAL ASSESSMENT CONTACT PERSON
SEARS LIFE INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76137

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69914	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69914	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69922

ANNUAL ASSESSMENT CONTACT PERSON
UNITED HOME LIFE INSURANCE COMPANY
P.O. BOX 7192
INDIANAPOLIS, IN 46207-7192



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69922	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69922	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69930

ANNUAL ASSESSMENT CONTACT PERSON
UNITED INSURANCE COMPANY OF AMERICA
12115 LACKLAND ROAD
ST. LOUIS, MO 63146



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69930	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69930	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
69973

ANNUAL ASSESSMENT CONTACT PERSON
UNITED LIFE INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-69973	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-69973	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70025

ANNUAL ASSESSMENT CONTACT PERSON
GENWORTH LIFE INSURANCE COMPANY
6604 WEST BROAD STREET
RICHMOND, VA 23230

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70025	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70025	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70106

ANNUAL ASSESSMENT CONTACT PERSON
UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE
3600 ROUTE 66
P.O. BOX 1580
NEPTUNE, NJ 07754-1580

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70106	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70106	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70122

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
13931 QUAIL POINTE DRIVE
OKLAHOMA CITY, OK 73134

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70122	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70122	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70130

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
P.O. BOX 5147
SPRINGFIELD, IL 62705

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70130	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70173

ANNUAL ASSESSMENT CONTACT PERSON
UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY
7045 COLLEGE BOULEVARD
OVERLAND PARK, KS 66211

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70173	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70173	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70238

ANNUAL ASSESSMENT
VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
2929 ALLEN PARKWAY, A6-20
HOUSTON, TX 77019-7100

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70238	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70319

ANNUAL ASSESSMENT CONTACT PERSON
WASHINGTON NATIONAL INSURANCE COMPANY
11825 NORTH PENNSYLVANIA STREET
CARMEL, IN 46032



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70319	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70319	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70335

Enter your NAIC number on your payment.

CARLA TAVEL 1-3 CA
WEST COAST LIFE INSURANCE COMPANY
ATTN: CARLA TAVEL 1-3 CA
P. O. BOX 2606
BIRMINGHAM, AL 35202

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70335	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70335	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70408

ANNUAL ASSESSMENT CONTACT PERSON
UNION SECURITY INSURANCE COMPANY
P.O. BOX 419052
KANSAS CITY, MO 64141-6052

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-70408	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-70408	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70416

ANNUAL ASSESSMENT
MML BAY STATE LIFE INSURANCE COMPANY
CORP TAX E382
1295 STATE STREET
SPRINGFIELD, MA 01111-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70416	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70416	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70435

ANNUAL ASSESSMENT CONTACT PERSON
SAVINGS BANK LIFE INSURANCE COMPANY OF MA., THE
ONE LINSOTT ROAD
WOBURN, MA 01801

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70435	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70483

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70483	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70483	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70580

ANNUAL ASSESSMENT CONTACT PERSON
HUMANADENTAL INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70580	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70580	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70670

ANNUAL ASSESSMENT CONTACT PERSON
HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE C
300 EAST RANDOLPH STREET
CHICAGO, IL 60601-5099

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-70670	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-70670	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70688

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
440 MAMARONECK AVENUE
HARRISON, NY 10528

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-70688	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-70688	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70742

ANNUAL ASSESSMENT CONTACT PERSON
FAMILY BENEFIT LIFE INSURANCE COMPANY
P.O. BOX 665
JEFFERSON CITY, MO 65102

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70742	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70785

DELAINE BERKEL
PACIFICARE LIFE AND HEALTH INSURANCE COMPANY
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CA 90630



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70785	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70785	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70815

ANNUAL ASSESSMENT CONTACT PERSON
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
200 HOPMEADOW STREET
SIMSBURY, CT 06089-9793



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70815	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70815	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70866

ANNUAL ASSESSMENT CONTACT PERSON
ALLSTATE ASSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1A
NORTHBROOK, IL 60062-7127

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70866	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona 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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
70939

ANNUAL ASSESSMENT CONTACT PERSON
GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE
WHITE PLAINS, NY 10605

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-70939	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-70939	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71013

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSI
7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-71013	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-71013	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71072

ANNUAL ASSESSMENT CONTACT PERSON
MARQUETTE NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 958465
LAKE MARY, FL 32795-8465



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71072	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71072	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71099

ANNUAL ASSESSMENT CONTACT PERSON
PARKER CENTENNIAL ASSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71099	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71099	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71129

ANNUAL ASSESSMENT CONTACT PERSON
DEARBORN NATIONAL LIFE INSURANCE COMPANY
1020 WEST 31ST STREET
DOWNERS GROVE, IL 60515-5591

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71129	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71129	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71153

ANNUAL ASSESSMENT CONTACT PERSON
HARTFORD LIFE AND ANNUITY INSURANCE COMPANY
200 HOPMEADOW STREET
SIMSBURY, CT 06089

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71153	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71153	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71161

ANNUAL ASSESSMENT CONTACT PERSON
PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71161	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71161	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71323

ANNUAL ASSESSMENT CONTACT PERSON
ZALE LIFE INSURANCE COMPANY
P.O. BOX 152762
IRVING, TX 75015-2762

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71323	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71323	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-71323	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71331

ANNUAL ASSESSMENT CONTACT PERSON
CAREAMERICA LIFE INSURANCE COMPANY
50 BEALE STREET
SAN FRANCISCO, CA 94105

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71331	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71331	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71390

ANNUAL ASSESSMENT CONTACT PERSON
PURITAN LIFE INSURANCE COMPANY OF AMERICA
5085 WEST PARK BOULEVARD, SUITE 700
PLANO, TX 75093



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71390	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71390	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71404

ANNUAL ASSESSMENT
CONTINENTAL GENERAL INSURANCE COMPANY
6201 JOHNSON DRIVE
MISSION, KS 66202

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71404	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71404	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71412

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71412	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71412	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71420

ANNUAL ASSESSMENT CONTACT PERSON
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
P.O. BOX 36451
LAS VEGAS, NV 89133-6451

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71420	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71420	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71439

ANNUAL ASSESSMENT CONTACT PERSON
ASSURITY LIFE INSURANCE COMPANY
P.O. BOX 82533
LINCOLN, NE 68501-2533

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71439	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71439	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71455

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 77-0250
MIAMI, FL 33177-0250



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-71455	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-71455	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71463

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
CICA LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 149151
400 EAST ANDERSON LANE
AUSTIN, TX 78714-9151

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71463	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71463	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71471

ANNUAL ASSESSMENT CONTACT PERSON
ABILITY INSURANCE COMPANY
P.O. BOX 3735
OMAHA, NE 68103

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71471	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71471	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71480

ANNUAL ASSESSMENT CONTACT PERSON
GREAT WESTERN INSURANCE COMPANY
P.O. BOX 3428
OGDEN, UT 84409-1428



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71480	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71595

ANNUAL ASSESSMENT CONTACT PERSON
LEWER LIFE INSURANCE COMPANY
4534 WORNALL ROAD
KANSAS CITY, MO 64111

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71595	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71595	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71714

JOHN RECANATINI
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
7 HANOVER SQUARE H17M
NEW YORK, NY 10004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-71714	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-71714	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71730

ANNUAL ASSESSMENT CONTACT PERSON
CONTINENTAL AMERICAN INSURANCE COMPANY
P.O. BOX 427
COLUMBIA, SC 29202

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-71730	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-71730	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71768

ANNUAL ASSESSMENT CONTACT PERSON
HM HEALTH INSURANCE COMPANY
120 FIFTH AVENUE
PITTSBURGH, PA 15222



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71768	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71768	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71773

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
ONE MOODY PLAZA
GALVESTON, TX 77550-7999



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71773	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71773	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71854

ANNUAL ASSESSMENT CONTACT PERSON
AAA LIFE INSURANCE COMPANY
17900 NORTH LAUREL PARK DRIVE
LIVONIA, MI 48152-3985



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71854	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71854	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71870

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY SECURITY LIFE INSURANCE COMPANY
3130 BROADWAY
KANSAS CITY, MO 64111



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71870	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71870	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71919

ANNUAL ASSESSMENT CONTACT PERSON
DIRECT LIFE INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71919	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71919	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
71986

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAM ASSURANCE COMPANY
4060 BARRANCAS AVENUE
PENSACOLA, FL 32507



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-71986	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-71986	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-71986	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
72052

ALICIA H BOLTON
AETNA HEALTH INSURANCE COMPANY
980 JOLLY ROAD, U11S
BLUE BELL, PA 19422

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-72052	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-72052	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
72125

ANNUAL ASSESSMENT CONTACT PERSON
PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-72125	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-72125	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
72222

ANNUAL ASSESSMENT CONTACT PERSON
AMICA LIFE INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-72222	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
72850

ANNUAL ASSESSMENT CONTACT PERSON
UNITED WORLD LIFE INSURANCE COMPANY
3316 FARNAM STREET
OMAHA, NE 68175

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-72850	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-72850	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
72958

ANNUAL ASSESSMENT CONTACT PERSON
CANYON STATE LIFE INSURANCE COMPANY
P.O. BOX 34470
PHOENIX, AZ 85067



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-72958	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-72958	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-72958	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
73288

ANNUAL ASSESSMENT CONTACT PERSON
HUMANA INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-73288	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-73288	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
73474

ANNUAL ASSESSMENT CONTACT PERSON
DENTEGRA INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA 17055



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-73474	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-73474	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
73504

ANNUAL ASSESSMENT CONTACT PERSON
GENERATION LIFE INSURANCE COMPANY
P.O. BOX 459
COLUMBIA, TN 38402-0459

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-73504	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-73504	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
HCA15-73504	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
74004

JOHN RECANATINI
FAMILY SERVICE LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NY 10004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-74004	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
74209

ANNUAL ASSESSMENT CONTACT PERSON
EVERENCE INSURANCE COMPANY
P.O. BOX 483
GOSHEN, IN 46527



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-74209	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-74209	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
74780

ANNUAL ASSESSMENT CONTACT PERSON
INTEGRITY LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-74780	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-74780	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
74900

ANNUAL ASSESSMENT CONTACT PERSON
AURIGEN REINSURANCE COMPANY OF AMERICA
TWO BRIDGE AVENUE, SUITE 111
RED BANK, NJ 07701



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-74900	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-74900	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
76007

ANNUAL ASSESSMENT CONTACT PERSON
OLD UNITED LIFE INSURANCE COMPANY
1550 EAST MISSOURI, SUITE 300
PHOENIX, AZ 85014



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-76007	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
FRA15-76007	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-76007	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			3,075.00

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INSURANCE DEPARTMENT ASSESSMENT

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
76023

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBIAN LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-76023	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-76023	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
76112

ANNUAL ASSESSMENT CONTACT PERSON
OXFORD LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE, COMPLIANCE 7TH FLOOR
PHOENIX, AZ 85004

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-76112	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-76112	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
FRA15-76112	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
76236

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-76236	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-76236	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



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Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
76325

ANNUAL ASSESSMENT CONTACT PERSON
SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
1289 WEST CITY CENTER DRIVE, SUITE 200
CARMEL, IN 46032



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-76325	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-76325	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
76694

ANNUAL ASSESSMENT CONTACT PERSON
LONDON LIFE REINSURANCE COMPANY
1787 SENTRY PARKWAY WEST, SUITE 420
BLUE BELL, PA 19422



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-76694	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-76694	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
76759

ANNUAL ASSESSMENT
SENIOR AMERICAN LIFE INSURANCE COMPANY
165 VETERANS WAY STE 300
WARMINSTER, PA 18974



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-76759	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-76759	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77119

JOHN RECANATINI
SENTINEL AMERICAN LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NY 10004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77119	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-77119	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77151

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
SERVICE LIFE AND CASUALTY INSURANCE COMPANY
P.O. BOX 26800
6907 CAPITAL OF TEXAS HIGHWAY
AUSTIN, TX 78755-0800

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-77151	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-77151	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77399

ANNUAL ASSESSMENT CONTACT PERSON
STERLING LIFE INSURANCE COMPANY
30 SOUTH WACKER DRIVE
CHICAGO, IL 60606



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77399	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-77399	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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- B:** Send this assessment document with your check, money order or cashier's check payable to:
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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77674

ANNUAL ASSESSMENT
TOWN & COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 58769
SALT LAKE CITY, UT 84158-0769



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77674	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-77674	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77690

ANNUAL ASSESSMENT CONTACT PERSON
TRANS-CITY LIFE INSURANCE CO.
7500 EAST MCDONALD DRIVE, SUITE 700
SCOTTSDALE, AZ 85250-6055



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77690	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-77690	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-77690	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77720

ANNUAL ASSESSMENT CONTACT PERSON
LIFESECURE INSURANCE COMPANY
10559 CITATION DRIVE, SUITE 300
BRIGHTON, MI 48116



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77720	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-77720	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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<p>INSURANCE DEPARTMENT ASSESSMENT 2910 N 44th St, Suite 210 Phoenix, AZ 85018-7269</p>
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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77828

ANNUAL ASSESSMENT CONTACT PERSON
COMPANION LIFE INSURANCE COMPANY
P.O. BOX 100102
COLUMBIA, SC 29202-3102

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77828	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-77828	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77879

ANNUAL ASSESSMENT CONTACT PERSON
5 STAR LIFE INSURANCE COMPANY
909 NORTH WASHINGTON STREET
ALEXANDRIA, VA 22314



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77879	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-77879	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
77968

ANNUAL ASSESSMENT CONTACT PERSON
FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 470608
CLEVELAND, OH 44147-0608

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-77968	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-77968	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78077

ANNUAL ASSESSMENT CONTACT PERSON
MONY LIFE INSURANCE COMPANY OF AMERICA
525 WASHINGTON BOULEVARD, CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-78077	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
FRA15-78077	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-78077	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78093

ANNUAL ASSESSMENT CONTACT PERSON
FINANCIAL ASSURANCE LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-78093	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78301

ANNUAL ASSESSMENT CONTACT PERSON
CORVESTA LIFE INSURANCE COMPANY
4818 STARKEY ROAD
ROANOKE, VA 24018-8542



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-78301	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-78301	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-78301	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78549

ANNUAL ASSESSMENT CONTACT PERSON
FUTURAL LIFE INSURANCE COMPANY
2700 NORTH THIRD STREET, SUITE 3050
PHOENIX, AZ 85004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-78549	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-78549	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-78549	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78611

ANNUAL ASSESSMENT CONTACT PERSON
HCSC INSURANCE SERVICES COMPANY
300 EAST RANDOLPH STREET
CHICAGO, IL 60601



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-78611	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-78611	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78662

ANNUAL ASSESSMENT CONTACT PERSON
SENIOR LIFE INSURANCE COMPANY
P.O. BOX 2447
THOMASVILLE, GA 31799-2447



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-78662	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-78662	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78700

ANNUAL ASSESSMENT CONTACT PERSON
AETNA HEALTH AND LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RW4A
HARTFORD, CT 06156



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-78700	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-78700	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78743

ANNUAL ASSESSMENT CONTACT PERSON
NEW ERA LIFE INSURANCE COMPANY
P.O. BOX 4884
HOUSTON, TX 77210-4884



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-78743	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-78743	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
78778

JOHN RECANATINI
GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
7 HANOVER SQUARE H17M
NEW YORK, NY 10004



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-78778	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-78778	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
79014

ANNUAL ASSESSMENT CONTACT PERSON
SAFEHEALTH LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
ATTN: STATE REPORTING
TAMPA, FL 33647



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-79014	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-79014	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
79022

ANNUAL ASSESSMENT CONTACT PERSON
TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD NORTHEAST
CEDAR RAPIDS, IA 52499-3210



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-79022	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-79022	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
79057

ANNUAL ASSESSMENT CONTACT PERSON
SOUTHLAND NATIONAL INSURANCE CORPORATION
P.O. BOX 1520
TUSCALOOSA, AL 35403

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-79057	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-79057	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
79065

ANNUAL ASSESSMENT CONTACT PERSON
SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.)
ONE SUN LIFE EXECUTIVE PARK, SUITE DL 1165
WELLESLEY HILLS, MA 02481

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-79065	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-79065	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
79227

ANNUAL ASSESSMENT CONTACT PERSON
PRUCO LIFE INSURANCE COMPANY
P.O. BOX 8520
PHILADELPHIA, PA 19176



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-79227	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
FRA15-79227	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-79227	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
79413

CLAIRE GONZALES
UNITEDHEALTHCARE INSURANCE COMPANY
48 MONROE TURNPIKE
TRUMBULL, CT 06611



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-79413	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-79413	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
79987

ANNUAL ASSESSMENT CONTACT PERSON
MEDICO CORP LIFE INSURANCE COMPANY
P.O. BOX 10482
DES MOINES, IA 50306



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-79987	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-79987	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80020

ANNUAL ASSESSMENT CONTACT PERSON
MOUNTAIN LIFE INSURANCE COMPANY
P.O. BOX 240
ALCOA, TN 37701-0240



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80020	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80020	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80055

ANNUAL ASSESSMENT CONTACT PERSON
SMART INSURANCE COMPANY
30775 BAINBRIDGE ROAD, SUITE 210
SOLON, OH 44139



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-80055	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
FRA15-80055	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80055	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80314

ANNUAL ASSESSMENT CONTACT PERSON
UNICARE LIFE & HEALTH INSURANCE COMPANY
233 SOUTH WACKER DRIVE, SUITE 3900
CHICAGO, IL 60606

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80314	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80314	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80578

ANNUAL ASSESSMENT CONTACT PERSON
PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80578	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80578	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80659

Enter your NAIC number on your payment.

PREMIUM TAX & OTHER ASSESSMENTS
CANADA LIFE ASSURANCE COMPANY, THE
8515 E ORCHARD RD 7T2
GREENWOOD VILLAGE, CO 80111

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80659	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80659	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80705

Enter your NAIC number on your payment.

PREMIUM TAX & OTHER ASSESSMENTS
GREAT-WEST LIFE ASSURANCE COMPANY
8515 EAST ORCHARD RD # 7T2
GREENWOOD VILLAGE, CO 80111

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80705	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80705	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80799

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
CELTIC INSURANCE COMPANY
233 SOUTH WACKER DRIVE, SUITE 700
SEARS TOWER
CHICAGO, IL 60606-6393

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80799	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80799	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80802

ANNUAL ASSESSMENT CONTACT PERSON
SUN LIFE ASSURANCE COMPANY OF CANADA
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80802	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80802	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80837

ANNUAL ASSESSMENT CONTACT PERSON
UNION CENTRAL LIFE INSURANCE COMPANY, THE
P.O. BOX 40888
1876 WAYCROSS ROAD
CINCINNATI, OH 45240

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80837	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80837	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80896

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
CENTRE LIFE INSURANCE COMPANY
ONE LIBERTY PLAZA
165 BROADWAY, 33RD FLOOR
NEW YORK, NY 10006-1466

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80896	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80896	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80926

ANNUAL ASSESSMENT CONTACT PERSON
SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80926	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80926	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80942

ANNUAL ASSESSMENT CONTACT PERSON
ING USA ANNUITY AND LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NORTHWEST
ATLANTA, GA 30327-4390

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-80942	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-80942	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
80985

ANNUAL ASSESSMENT CONTACT PERSON
4 EVER LIFE INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181-4712

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-80985	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-80985	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81043

ANNUAL ASSESSMENT CONTACT PERSON
BANKERS LIFE INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL 33733-5707

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81043	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81043	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81078

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN NETWORK INSURANCE COMPANY
3440 LEHIGH STREET
ALLENTOWN, PA 18103-7001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
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
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81108

ANNUAL ASSESSMENT CONTACT PERSON
UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY
6640 SOUTH CICERO AVENUE
BEDFORD PARK, IL 60638



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81108	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81108	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81132

ANNUAL ASSESSMENT CONTACT PERSON
LIFE OF AMERICA INSURANCE COMPANY
P.O. BOX 2927
HOUSTON, TX 77252-2927



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81132	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81132	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81213

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MATURITY LIFE INSURANCE COMPANY
200 HOPMEADOW STREET
SIMSBURY, CT 06089-9793

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81213	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81213	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81264

ANNUAL ASSESSMENT CONTACT PERSON
NIPPON LIFE INSURANCE COMPANY OF AMERICA
655 THIRD AVENUE, 16TH FLOOR
NEW YORK, NY 10017



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81264	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81264	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81353

Enter your NAIC number on your payment.

ANNUAL ASSESSMENTS
NYLIFE INSURANCE COMPANY OF ARIZONA
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NY 10010

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81353	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-81353	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
HCA15-81353	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			5,325.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81396

ANNUAL ASSESSMENT CONTACT PERSON
DELTA DENTAL INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA 17055



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81396	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81396	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81418

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN MEDICAL AND LIFE INSURANCE COMPANY
14 WALL STREET, SUITE 5H
NEW YORK, NY 10005



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81418	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81418	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81426

ANNUAL ASSESSMENT CONTACT PERSON
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY
70 GENESEE STREET
UTICA, NY 13502

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-81426	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-81426	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81442

ANNUAL ASSESSMENT CONTACT PERSON
MONITOR LIFE INSURANCE COMPANY OF NEW YORK
70 GENESEE STREET
UTICA, NY 13502

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81442	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81442	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81779

ANNUAL ASSESSMENT CONTACT PERSON
INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDEN
2400 W. 75TH STREET
PRAIRIE VILLAGE, KS 66208



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81779	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81779	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
81973

ANNUAL ASSESSMENT CONTACT PERSON
COVENTRY HEALTH AND LIFE INSURANCE COMPANY
6720-B ROCKLEDGE DRIVE, SUITE 700
BETHESDA, MD 20817

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-81973	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-81973	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
82082

ANNUAL ASSESSMENT CONTACT PERSON
CITIZENS NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 149151
AUSTIN, TX 78714-9151



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-82082	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-82082	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
82252

ANNUAL ASSESSMENT CONTACT PERSON
LANDMARK LIFE INSURANCE COMPANY
P.O. BOX 40
BROWNWOOD, TX 76804-0040



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-82252	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
82406

ANNUAL ASSESSMENT CONTACT PERSON
ALL SAVERS INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278-1719



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-82406	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-82406	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
82538

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL HEALTH INSURANCE COMPANY
P.O. BOX 619999
DALLAS, TX 75261

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-82538	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-82538	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
82627

ANNUAL ASSESSMENT CONTACT PERSON
SWISS RE LIFE & HEALTH AMERICA INC.
175 KING STREET
ARMONK, NY 10504

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-82627	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-82627	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
82880

ANNUAL ASSESSMENT CONTACT PERSON
CSI LIFE INSURANCE COMPANY
P.O. BOX 34888
1212 NORTH 96TH STREET
OMAHA, NE 68134-0888

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-82880	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-82880	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
83232

ANNUAL ASSESSMENT CONTACT PERSON
EVERGREEN LIFE INSURANCE COMPANY
700 EAST PALISADE AVENUE, 2ND FLOOR
ENGLEWOOD CLIFFS, NJ 07632

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-83232	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
83445

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

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-83445	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
FRA15-83445	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-83445	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			5,325.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
83607

ANNUAL ASSESSMENT CONTACT PERSON
GUGGENHEIM LIFE AND ANNUITY COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-83607	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-83607	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84174

ANNUAL ASSESSMENT CONTACT PERSON
ELCO MUTUAL LIFE AND ANNUITY
916 SHERWOOD DRIVE
LAKE BLUFF, IL 60044-2285



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-84174	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-84174	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84506

Enter your NAIC number on your payment.

DELAINE BERKEL
PACIFICARE LIFE ASSURANCE COMPANY
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CA 90630

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-84506	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-84506	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84522

ANNUAL ASSESSMENT CONTACT PERSON
AUTO CLUB LIFE INSURANCE COMPANY
17250 NEWBURGH ROAD, SUITE 100
LIVONIA, MI 48152

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-84522	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-84522	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84530

ANNUAL ASSESSMENT CONTACT PERSON
U.S. FINANCIAL LIFE INSURANCE COMPANY
525 WASHINGTON BOULEVARD - CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-84530	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84549

CONSOLIDATED ASSESSMENT
SYMPHONIX HEALTH INSURANCE, INC.
ONE AMERICAN ROAD, MD 7600
DEARBORN, MI 48126



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-84549	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-84549	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84697

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SPECIALTY HEALTH INSURANCE COMPANY
10221 WATERIDGE CIRCLE
SAN DIEGO, CA 92121



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-84697	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-84697	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84786

ANNUAL ASSESSMENT CONTACT PERSON
COLORADO BANKERS LIFE INSURANCE COMPANY
5990 GREENWOOD PLAZA BOULEVARD, #325
GREENWOOD VILLAGE, CO 80111



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-84786	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-84786	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
84824

ANNUAL ASSESSMENT CONTACT PERSON
COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
132 TURNPIKE ROAD, SUITE 210
SOUTHBOROUGH, MA 01772

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-84824	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-84824	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
85189

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN UNITED LIFE ASSURANCE COMPANY
2727 ALLEN PARKWAY, WORTHAM TOWER, SUITE 500
HOUSTON, TX 77019

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-85189	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-85189	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
85286

MIKE SPEEDY
ONENATION INSURANCE COMPANY
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-85286	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-85286	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
85472

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL SECURITY LIFE AND ANNUITY COMPANY
P.O. BOX 5363
CINCINNATI, OH 45201

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-85472	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
85537

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
WELLINGTON LIFE INSURANCE COMPANY
240 CORPORATE BOULEVARD
C/O VALUE OPTIONS, INC.
NORFOLK, VA 23502

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-85537	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-85537	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-85537	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
85561

ANNUAL ASSESSMENT CONTACT PERSON
PERICO LIFE INSURANCE COMPANY
225 TOWNPARK DRIVE, NORTHWEST SUITE 350
KENNESAW, GA 30144-5885



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-85561	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-85561	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
85766

ANNUAL ASSESSMENT CONTACT PERSON
UNITED CONCORDIA INSURANCE COMPANY
4401 DEER PATH ROAD, DPLR4
HARRISBURG, PA 17110

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-85766	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-85766	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
HCA15-85766	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			3,075.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
85944

ANNUAL ASSESSMENT CONTACT PERSON
INVESTORS GROWTH LIFE INSURANCE COMPANY
P.O. BOX 196
STILLWATER, MN 55082

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-85944	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
FRA15-85944	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-85944	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
86126

ANNUAL ASSESSMENT CONTACT PERSON
MEMBERS LIFE INSURANCE COMPANY
P.O. BOX 391
MADISON, WI 53701-0391



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-86126	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-86126	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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- OR**
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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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
86231

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

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-86231	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-86231	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
86258

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL RE LIFE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT 06902

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-86258	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
86355

ANNUAL ASSESSMENT CONTACT PERSON
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-86355	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-86355	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
86371

ANNUAL ASSESSMENT CONTACT PERSON
ULLICO LIFE INSURANCE COMPANY
1625 EYE STREET,NW,
WASHINGTON, DC 20006



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-86371	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-86371	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
86509



Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
ING LIFE INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-86509	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-86509	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
86630

SUSAN BREGMAN
PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION
C/O PRUDENTIAL INS CO OF AMERICA
751 BROAD STREET
NEWARK, NJ 07102



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-86630	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-86630	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
HCA15-86630	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
87017

ANNUAL ASSESSMENT CONTACT PERSON
SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE
101 SOUTH TRYON STREET, SUITE 3100
CHARLOTTE, NC 28280

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-87017	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-87017	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
87394

ANNUAL ASSESSMENT CONTACT PERSON
MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY
5025 NORTH CENTRAL AVENUE, SUITE 546
PHOENIX, AZ 85012

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-87394	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-87394	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-87394	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
87572

MARGARET ANN MCCONNELL
SCOTTISH RE (U.S.), INC.
14120 BALLANTYNE CORPORATE PLACE, SUITE 300
CHARLOTTE, NC 28277

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-87572	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
87645

ANNUAL ASSESSMENT CONTACT PERSON
UNITED FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-87645	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-87645	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
87726

ANNUAL ASSESSMENT CONTACT PERSON
METLIFE INSURANCE COMPANY OF CONNECTICUT
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-87726	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-87726	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
87963

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPAN
P.O. BOX 802207
DALLAS, TX 75380

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-87963	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-87963	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88072

ANNUAL ASSESSMENT CONTACT PERSON
HARTFORD LIFE INSURANCE COMPANY
200 HOPMEADOW STREET
SIMSBURY, CT 06089-9793



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-88072	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-88072	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88080

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
XL LIFE INSURANCE AND ANNUITY COMPANY
SEAVIEW HOUSE, 70 SEAVIEW AVENUE
STAMFORD, CT 06902

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-88080	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-88080	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88099

ANNUAL ASSESSMENT CONTACT PERSON
OPTIMUM RE INSURANCE COMPANY
P.O. BOX 660010
DALLAS, TX 75266-0110



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-88099	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-88099	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88153

ANNUAL ASSESSMENT CONTACT PERSON
COLONIAL LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2543
FORT WORTH, TX 76113



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-88153	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-88153	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88366

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN RETIREMENT LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, SUITE 100
AUSTIN, TX 78717



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-88366	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-88366	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88536

ANNUAL ASSESSMENT CONTACT PERSON
PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
P.O. BOX 2606
2801 HIGHWAY 280 SOUTH
BIRMINGHAM, AL 35223

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-88536	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-88536	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88595

ANNUAL ASSESSMENT CONTACT PERSON
EMPHEYSYS INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-88595	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-88595	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
88668

ANNUAL ASSESSMENT CONTACT PERSON
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
320 PARK AVENUE
NEW YORK, NY 10022



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-88668	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-88668	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
89087

ANNUAL ASSESSMENT CONTACT PERSON
ENTERPRISE LIFE INSURANCE COMPANY
3100 BURNETT PLAZA, 801 CHERRY STREET, UNIT 33
FORT WORTH, TX 76102

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-89087	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-89087	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
89184

ANNUAL ASSESSMENT
STERLING INVESTORS LIFE INSURANCE COMPANY
210 E SECOND AVENUE, STE 105
ROME, GA 30161

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-89184	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-89184	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
89206

ANNUAL ASSESSMENT CONTACT PERSON
OHIO NATIONAL LIFE ASSURANCE CORPORATION
P.O. BOX 237
CINCINNATI, OH 45201



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-89206	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-89206	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
89427

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN LABOR LIFE INSURANCE COMPANY
EIGHT MARTICVILLE ROAD
LANCASTER, PA 17603

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-89427	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-89427	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
HCA15-89427	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
89958

ANNUAL ASSESSMENT CONTACT PERSON
SHELTERPOINT INSURANCE COMPANY
600 NORTHERN BOULEVARD, SUITE 310
GREAT NECK, NY 11021



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-89958	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-89958	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
90212

ANNUAL ASSESSMENT CONTACT PERSON
GREAT SOUTHERN LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-90212	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-90212	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
90247

ANNUAL ASSESSMENT CONTACT PERSON
PHARMACISTS LIFE INSURANCE COMPANY, THE
P.O. BOX 370
ALGONA, IA 50511

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-90247	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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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, 2014.

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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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
90328

ANNUAL ASSESSMENT CONTACT PERSON
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
3200 HIGHLAND AVENUE
DOWNERS GROVE, IL 60515

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-90328	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-90328	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
90557

ANNUAL ASSESSMENT CONTACT PERSON
ZURICH AMERICAN LIFE INSURANCE COMPANY
ONE LIBERTY PLAZA AT 165 BROADWAY
NEW YORK, NY 10006-1404

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-90557	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-90557	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
90581

ANNUAL ASSESSMENT CONTACT PERSON
SYMETRA NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 34690
SEATTLE, WA 98124-1690



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-90581	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-90581	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
90611

CARMELA CAMINO
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 1344
MINNEAPOLIS, MN 55440-1344

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-90611	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-90611	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
90638

ANNUAL ASSESSMENT CONTACT PERSON
BEST LIFE AND HEALTH INSURANCE COMPANY
2505 MCCABE WAY
IRVINE, CA 92614



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-90638	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-90638	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91413

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
P.O. BOX 5068
CLEARWATER, FL 33758-5068

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-91413	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91413	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91472

ANNUAL ASSESSMENT CONTACT PERSON
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER
OKLAHOMA CITY, OK 73184

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-91472	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91472	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91529

ANNUAL ASSESSMENT CONTACT PERSON
UNIMERICA INSURANCE COMPANY
6300 OLSON MEMORIAL HIGHWAY, MN010-E151
GOLDEN VALLEY, MN 55427-4946



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-91529	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91529	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91596

ATTN: GEORGE
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NY 10010

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-91596	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-91596	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91626

ANNUAL ASSESSMENT CONTACT PERSON
NEW ENGLAND LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-91626	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91626	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91642

ANNUAL ASSESSMENT CONTACT PERSON
FORETHOUGHT LIFE INSURANCE COMPANY
300 NORTH MERIDIAN STREET, SUITE 1800
INDIANAPOLIS, IN 46204

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-91642	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91642	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91693

ANNUAL ASSESSMENT CONTACT PERSON
IA AMERICAN LIFE INSURANCE COMPANY
17550 NORTH PERIMETER DRIVE, SUITE 210
SCOTTSDALE, AZ 85255

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-91693	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91693	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91785

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY
ONE AMERICAN ROW
P.O. BOX 5056
HARTFORD, CT 06102-5056

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-91785	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91785	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91898

ANNUAL ASSESSMENT CONTACT PERSON
LIFECARE ASSURANCE COMPANY
21600 OXNARD STREET, SUITE 1500
WOODLAND HILLS, CA 91367



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-91898	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
FRA15-91898	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-91898	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
91910

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN SAVINGS LIFE INSURANCE COMPANY
935 EAST MAIN STREET, SUITE 100
MESA, AZ 85203-8849



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-91910	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-91910	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-91910	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92274

ANNUAL ASSESSMENT CONTACT PERSON
LANDCAR LIFE INSURANCE COMPANY
9350 SOUTH 150 EAST, SUITE 1000
SANDY, UT 84070

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92274	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92274	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92444

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
DOCTORS' LIFE INSURANCE COMPANY, THE
P.O. BOX 2900
185 GREENWOOD ROAD
NAPA, CA 94558-0900

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92444	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92444	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92525

ANNUAL ASSESSMENT CONTACT PERSON
TRUASSURE INSURANCE COMPANY
111 SHUMAN BOULEVARD
NAPERVILLE, IL 60563



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92525	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92525	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92622

ANNUAL ASSESSMENT CONTACT PERSON
WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92622	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92622	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92649

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
P.O. BOX 9510
WICHITA, KS 67277-0510

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92649	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-92649	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
HCA15-92649	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			3,075.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92657

ANNUAL ASSESSMENT CONTACT PERSON
NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE NATIONWIDE PLAZA DSPF-76
COLUMBUS, OH 43215-2220

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92657	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92657	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92703

ANNUAL ASSESSMENT CONTACT PERSON
UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92703	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92703	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92711

ANNUAL ASSESSMENT CONTACT PERSON
HCC LIFE INSURANCE COMPANY
225 TOWNPARK DRIVE, NORTHWEST SUITE 350
KENNESAW, GA 30144-5885



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-92711	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-92711	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92738

ANNUAL ASSESSMENT CONTACT PERSON
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
P.O. BOX 71216
DES MOINES, IA 50325-1216

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92738	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92908

ANNUAL ASSESSMENT CONTACT PERSON
HEALTHMARKETS INSURANCE COMPANY
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92908	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92908	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
92916

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080
3700 SOUTH STONEBRIDGE DRIVE
MCKINNEY, TX 75070

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-92916	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-92916	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93262

ANNUAL ASSESSMENT CONTACT PERSON
PENN INSURANCE AND ANNUITY COMPANY, THE
600 DRESHER ROAD
HORSHAM, PA 19044

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93262	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93262	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93432

ANNUAL ASSESSMENT
C.M. LIFE INSURANCE COMPANY
CORP TAX E382
1295 STATE STREET
SPRINGFIELD, MA 01111-0001



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93432	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93432	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93440

ANNUAL ASSESSMENT CONTACT PERSON
HM LIFE INSURANCE COMPANY
P.O. BOX 535061
PITTSBURGH, PA 15253-5061

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93440	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93440	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93459

ANNUAL ASSESSMENT CONTACT PERSON
PAN-AMERICAN ASSURANCE COMPANY
P.O. BOX 53372
NEW ORLEANS, LA 70153



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-93459	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-93459	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93513

ANNUAL ASSESSMENT CONTACT PERSON
METLIFE INVESTORS INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93513	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93513	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93521

ANNUAL ASSESSMENT CONTACT PERSON
GENERAL FIDELITY LIFE INSURANCE COMPANY
150 NORTH COLLEGE STREET, NC1-028-20-01
CHARLOTTE, NC 28255

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93521	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93521	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93548

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
PHL VARIABLE INSURANCE COMPANY
ONE AMERICAN ROW
P.O. BOX 5056
HARTFORD, CT 06102-5056

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93548	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93548	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93572

ANNUAL ASSESSMENT CONTACT PERSON
RGA REINSURANCE COMPANY
1370 TIMBERLAKE MANOR PARKWAY
CHESTERFIELD, MO 63017-6039



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93572	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93572	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93610

Enter your NAIC number on your payment.

ROSALIE M NEARIS
JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
Z-13-041
601 CONGRESS STREET
BOSTON, MA 02210

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93610	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93610	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93629

ANNUAL ASSESSMENT CONTACT PERSON
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPA
P.O. BOX 8520
PHILADELPHIA, PA 19176

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93629	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93629	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93661

ANNUAL ASSESSMENT CONTACT PERSON
ANNUITY INVESTORS LIFE INSURANCE COMPANY
P.O. BOX 5423
CINCINNATI, OH 45201-5423



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93661	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93661	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93688

ANNUAL ASSESSMENT CONTACT PERSON
QCC INSURANCE COMPANY
1901 MARKET STREET, 36TH FLOOR
PHILADELPHIA, PA 19103



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-93688	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-93688	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93696

ANNUAL ASSESSMENT CONTACT PERSON
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY
100 SALEM STREET, MAIL STOP O2N
SMITHFIELD, RI 02917

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93696	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93696	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93734

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
PHOENIX LIFE AND ANNUITY COMPANY
ONE AMERICAN ROW
P.O. BOX 5056
HARTFORD, CT 06102-5056

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93734	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93734	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93742

ANNUAL ASSESSMENT CONTACT PERSON
SECURIAN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93742	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93742	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93777

ANNUAL ASSESSMENT CONTACT PERSON
PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN
180 MOUNT AIRY ROAD, SUITE 101
BASKING RIDGE, NJ 07920

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-93777	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-93777	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
93815

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC CENTURY LIFE INSURANCE CORPORATION
2700 NORTH THIRD STREET, SUITE 3050
PHOENIX, AZ 85004-4620

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-93815	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
FRA15-93815	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			8,200.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
94072

ANNUAL ASSESSMENT CONTACT PERSON
SECURITAS FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 17082
WINSTON-SALEM, NC 27116-7082



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-94072	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-94072	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
94188

ANNUAL ASSESSMENT CONTACT PERSON
LIFEWISE ASSURANCE COMPANY
P.O. BOX 2272
SEATTLE, WA 98111-2272



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-94188	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-94188	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
94218

ANNUAL ASSESSMENT CONTACT PERSON
COUNTRY INVESTORS LIFE ASSURANCE COMPANY
P.O. BOX 2000
BLOOMINGTON, IL 61702-2000



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-94218	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-94218	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
94250

ANNUAL ASSESSMENT CONTACT PERSON
BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-94250	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-94250	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
94358

ANNUAL ASSESSMENT CONTACT PERSON
USABLE LIFE
P.O. BOX 1650
LITTLE ROCK, AR 72203-1650

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-94358	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-94358	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
94498

ANNUAL ASSESSMENT CONTACT PERSON
STATE FARM HEALTH INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-94498	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-94498	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
94587

ANNUAL ASSESSMENT CONTACT PERSON
MEMBERS HEALTH INSURANCE COMPANY
147 BEAR CREEK PIKE
COLUMBIA, TN 38401

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-94587	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-94587	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
HCA15-94587	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95109

ANNUAL ASSESSMENT CONTACT PERSON
AETNA HEALTH INC.
980 JOLLY ROAD, U11S
BLUE BELL, PA 19422-1904



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-95109	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-95109	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95125

ANNUAL ASSESSMENT CONTACT PERSON
CIGNA HEALTHCARE OF ARIZONA, INC.
25600 NORTH NORTERRA DRIVE
PHOENIX, AZ 85085-8200



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF15-95125	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
FRA15-95125	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-95125	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			5,325.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95206

ANNUAL ASSESSMENT CONTACT PERSON
HEALTH NET OF ARIZONA, INC.
1230 WEST WASHINGTON STREET, SUITE 401
TEMPE, AZ 85281-1245

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-95206	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-95206	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-95206	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	7,500.00
TOTAL ASSESSMENT AMOUNT			8,325.00

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INSURANCE DEPARTMENT ASSESSMENT

Make sure we receive your payment by or before July 29, 2014.

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.

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95224

ANNUAL ASSESSMENT CONTACT PERSON
PREMIER CHOICE DENTAL, INC.
P.O. BOX #14227
ORANGE, CA 92863

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-95224	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-95224	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-95224	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95330

ANNUAL ASSESSMENT CONTACT PERSON
PRESBYTERIAN HEALTH PLAN, INC.
P.O. BOX 26666
ALBUQUERQUE, NM 87125-6666

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-95330	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-95330	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95366

ANNUAL ASSESSMENT CONTACT PERSON
ALPHA DENTAL OF ARIZONA, INC.
100 FIRST STREET
SAN FRANCISCO, CA 94105

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-95366	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-95366	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-95366	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	375.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95617

DELAINE WHITEHEAD
PACIFICARE OF ARIZONA, INC.
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CA 90630



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-95617	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-95617	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FSF15-95617	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	4,500.00
TOTAL ASSESSMENT AMOUNT			5,325.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95885

ATTN: ASSESSMENTS PAYABLE
HUMANA HEALTH PLAN, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-95885	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-95885	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
95982

ANNUAL ASSESSMENT CONTACT PERSON
MEDISUN, INC.
1441 NORTH 12TH STREET
PHOENIX, AZ 85006



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-95982	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-95982	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	750.00
HCA15-95982	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
96016

Enter your NAIC number on your payment.

ANA MIJARES
UNITEDHEALTHCARE OF ARIZONA, INC.
5995 PLAZA DRIVE
MAIL STOP: CA112-0209
CYPRESS, CA 90630

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-96016	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-96016	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	2,250.00
HCA15-96016	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			3,075.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97055

ANNUAL ASSESSMENT CONTACT PERSON
MEGA LIFE AND HEALTH INSURANCE COMPANY, THE
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97055	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97055	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97136

ANNUAL ASSESSMENT CONTACT PERSON
METROPOLITAN TOWER LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-97136	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-97136	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97152

ANNUAL ASSESSMENT CONTACT PERSON
PLATEAU INSURANCE COMPANY
P.O. BOX 7001
CROSSVILLE, TN 38557-7001

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97152	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97152	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97179

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
UNITEDHEALTHCARE LIFE INSURANCE COMPANY
P.O. BOX 19032
3100 AMS BOULEVARD
GREEN BAY, WI 54307-9032

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97179	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97179	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97241

ANNUAL ASSESSMENT CONTACT PERSON
SETTLERS LIFE INSURANCE COMPANY
P.O. BOX 1031
MADISON, WI 53701-1031

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97241	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97241	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97268

ANNUAL ASSESSMENT CONTACT PERSON
PACIFIC LIFE & ANNUITY COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97268	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
FSF15-97268	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2014	22,500.00
HCA15-97268	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			23,325.00

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Phoenix, AZ 85018-7269

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

Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97292

ANNUAL ASSESSMENT CONTACT PERSON
MAGELLAN LIFE INSURANCE COMPANY
14100 MAGELLAN PLAZA
MARYLAND HEIGHTS, MO 63043

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97292	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97292	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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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, 2014.

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

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97691

ANNUAL ASSESSMENT CONTACT PERSON
LIFE OF THE SOUTH INSURANCE COMPANY
P.O. BOX 44130
JACKSONVILLE, FL 32231-4130

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-97691	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-97691	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97705

ANNUAL ASSESSMENT CONTACT PERSON
DIRECT GENERAL LIFE INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97705	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97705	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97721

ANNUAL ASSESSMENT CONTACT PERSON
THRIVENT LIFE INSURANCE COMPANY
625 FOURTH AVENUE SOUTH
MINNEAPOLIS, MN 55415



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97721	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97721	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97764

ANNUAL ASSESSMENT FINANCIAL CENTRE
IDEALIFE INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-97764	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-97764	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
97772

ANNUAL ASSESSMENT CONTACT PERSON
US HEALTH AND LIFE INSURANCE COMPANY
8220 IRVING ROAD
STERLING HEIGHTS, MI 48312-4760



Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA15-97772	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
FRA15-97772	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
98205

Enter your NAIC number on your payment.

ANNUAL ASSESSMENT CONTACT PERSON
NATIONAL FOUNDATION LIFE INSURANCE COMPANY
3100 BURNETT PLAZA
801 CHERRY STREET, UNIT 33
FORT WORTH, TX 76102

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-98205	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-98205	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
99724

ANNUAL ASSESSMENT CONTACT PERSON
LIFESHIELD NATIONAL INSURANCE CO.
P.O. BOX 18223
OKLAHOMA CITY, OK 73154-0223

Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-99724	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-99724	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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Phoenix, AZ 85018-7269

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
99775

ANNUAL ASSESSMENT CONTACT PERSON
FUNERAL DIRECTORS LIFE INSURANCE COMPANY
P.O. BOX 5649
ABILENE, TX 79608

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-99775	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
TOTAL ASSESSMENT AMOUNT			700.00

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Janice K. Brewer
Governor



Germaine L. Marks
Director of Insurance

ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2014

NAIC NUMBER
99937

ANNUAL ASSESSMENT CONTACT PERSON
COLUMBUS LIFE INSURANCE COMPANY
400 EAST 4TH STREET
CINCINNATI, OH 45202-3302

 Enter your NAIC number on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA15-99937	Fraud Unit Assessment [ARS § 20-466(J)]	7/1/2014	700.00
HCA15-99937	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2014	125.00
TOTAL ASSESSMENT AMOUNT			825.00

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